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AUTHOR	Thomas, George
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ABSTRACT

Reviewed is the movement toward deinstitutionalization of handicapped children in terms of the sources of pressures toward deinstitutionalization, alternatives, effects of institutional experience on children, and possible consequences of the movement. Pressures discussed are those deriving from the assumed negative effects of institutionalization on children and those deriving from social reform actions and movements (litigation, legislation, and citizen pressures). Alternative options mentioned are the following: shorten length of stay in institutions, cut down referrals for admissions, develop a phase out plan, and move toward a highly differentiated system of institutions. Commentary is cited on the present knowledge concerning effects of the institutional experience on children in such areas as dehumanization, treatment effects, effects of institutional structure and placement process, effects of geographic distance, and costs of institutional care. The following service alternatives are considered: foster family care, group home care, community-based services, and strengthening family life. Some possible unintended consequences are discussed. Concluding assessments include the following recommendations: a sound rationale for deinstitutionalization--the rights of children; public airing of any plan for deinstitutionalization and demonstration of a relationship with State services; feasibility of absorption of the population; and gradual implementation of the plan. A bibliography of approximately 325 publications is provided. (IM)

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IS STATEWIDE DEINSTITUTIONALIZATION OF CHILDREN'S SERVICES A FORWARD OR BACKWARD SOCIAL MOVEMENT?

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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Prepared by: George Thomas, Ph.D.
Director

Prepared for: The Jane Addams School of Social Work
University of Illinois - Urbana

Regional Institute of Social Welfare Research
Athens, Georgia

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Is Statewide Deinstitutionalization of Children's Services a Forward or Backward Social Movement?

INTRODUCTION

Nearly 150 years ago de Tocqueville observed during his celebrated visit to our developing nation that we were placing unusual emphasis upon the creation of institutions as a method for managing social problems.

More importantly, he noted that our nation's contribution in this regard was perhaps unique to the western world of that period in that we expected such institutions to rehabilitate inmates of all ages and circumstances.[1]

We have, in short, expected our institutions to restore rather than simply store their inmates throughout our nation's history.

Today there is growing disenchantment with institutionalization as a method for caring for those groups of dependent and/or deviant citizens that we have traditionally consigned to them.

The wellspring of this disenchantment can be traced to these longstanding expectations and to our growing belief that institutions have, in general, failed to fulfill them.

As a nation, we can also be characterized by our tendency toward fadism in social movements aimed at social reform.[2]

The increasing frequency and vehemence of the attacks upon institutions from all sectors of our society indicate that deinstitutionalization is rapidly shaping up as a national social reform movement.

Before us is the question whether this reform movement will truly reform or whether it will result in the abolition of a social invention upon which we have relied for 150 years while offering nothing in return.

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[1] D.J. Rothman, The Discovery of the Asylum, (Boston: Little, Brown & Co., 1971) p. 84 et passim.

[2] See, for example, C. Lasch, The New American Radicalism in America 1889-1963, (New York: Alfred A. Knoff Co., 1965); W.E. Houghton, The Victorian Frame of Mind, (New Haven: Yale University Press, 1957); and H.F. May, The End of American Innocence, (Chicago: Quadrangle, 1964).

Is institutionalization to be attacked as generally harmful for all people under all circumstances, or is the attack to be shaped and directed toward selective institutional forms, practices, and institutional populations?

Will we sweep away institutions in one bold brush stroke, or will we adopt an approach of gradualism coupled with the development of alternative services to replace them.

If this reform movement lays itself open to the charge of once again throwing out the baby with the bath water, its very actions will create the source for a reactionary social movement that most assuredly will follow upon its heels.

A decade from now we may be wondering how the revival of our traditional values toward institutionalization and the resurgence of support for this form of care came about.

This paper will, in general, aim at a balanced review of the issues and problems surrounding institutional care for children and a discussion of the implications of this review for state approaches to the deinstitutionalization of children's services.

This approach has been adopted because it is the author's bias that the statewide deinstitutionalization of children's services should proceed in deliberate rather than precipitous fashion and the decisions on the matter should be based on a reasoned analysis of possible negative as well as beneficial consequences for children.

WHY DEINSTITUTIONALIZE? SOURCES OF PRESSURE ON STATES IN THE MOVEMENT TOWARD DEINSTITUTIONALIZATION OF CHILDREN'S SERVICES

Broadly speaking, there are two sources of pressure on states contributing to the mounting clamor to deinstitutionalize children's services.

One source of pressure is represented by a body of assumptions about the negative effects of institutionalization upon the psychological and social development of children.

The second source is found within the current social reform movement concerned with improving the delivery of social, administrative, and judicial justice for groups of citizens that have been traditionally dealt with unfairly in our society.

These sources of pressures are, of course, interrelated to some extent.

Those who consider the institutional experience to be inherently defective and harmful for children consider institutional placements to be an abridgement of children's human rights to adequate opportunities for growth and development.

Conversely, advocates in the children's rights movement often view unjust practices such as inadequate or biased placement procedures and decisions as factors detrimental to child development.

Nonetheless, it is quite conceivable that decisions made about institutional services for children deriving exclusively--or for the better part--from one source of pressure may not satisfy the demands of the other source.

For example, decisions to deinstitutionalize services based upon assumptions about their negative psychosocial effects on children could imperil a child's rights--and/or society's rights--to placement in a preferred service alternative.

By way of contrast, it is possible to achieve higher levels of justice in decisions about the placement of children while leaving untouched the developmental consequences for children following placement in institutions.

For these reasons we believe it is better to examine both sources of pressure separately to draw out more precise implications from each bearing on the central issue of deinstitutionalization.

Pressures Deriving from the Assumed Negative Effects of Institutionalization on Children

There is a popular view that institutionalization in any form has generally damaging consequences for children relative to cognitive, social, and affective development.

A large but very uneven literature subscribes to this view. Generally speaking, the view is that institutionalization is inherently dehumanizing and productive of apathetic, robot-like children.

In the main, this view is not supported by fact but rather finds its source in our collective dread images of old fashioned orphanages and monster sized public institutions.

Periodically our imaginings are fueled by sensational exposés in the news media such as the recent coverage of the Willowbrook Institution for mentally retarded children in New York.[3]

The questionable nature of the basis for this popular view, however, does not make it any less important as a source of pressure on states.

Within this general framework of opinion several specific assumptions can be identified supportive of deinstitutionalization, as follow:

--- Institutionalization is socially stigmatizing. The act of institutionalization itself categorizes a child as different in a deficient way. This label, once affixed, follows the child on official records and in the minds of others in his community thereby restricting his opportunities for further development.

--- Institutionalization places a child in a deviant environment and contributes to the learning of deviant behavior and recividism.

--- Institutionalization geographically removes the child from his community making rehabilitative work difficult, if not impossible.

--- Finally, institutionalization is far more costly than alternative forms of care.

In sum, institutionalization is assumed to crush the human spirit, contribute to the learning of deviant behavior and life styles, and permanently damage a child's opportunities through the process of social stigmatization.

Additionally, institutionalization undermines rehabilitative services and costs more than alternative modes of care.

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[3] For a compelling example of the literature appealing to the public mind from this vantage point see, B. Blatt, Souls in Extremis, (Boston: Allyn and Bacon, 1973).

These assumptions will be examined closely in light of the existing evidence in a following section. The purpose here is simply to identify the elements that contribute to this general source of pressure.

Pressures Deriving from Social Reform Actions and Movements

Litigation

The growth of public interest during the last two decades about the applicability of our constitutional guarantees of equal justice under the law, due process, prohibition of cruel and unusual punishments, and the like, has found its way in recent years into litigation involving institutionalization and institutional processes.

It is probably fair to say that a goodly share of the momentum in the current children's rights movement derives from the "trickle down" of implications in court judgments on suits involving adults.

A major question facing states today, for example, is to what extent do court decisions on adult cases involving institutionalization apply to the institutionalization of children?

Two recent court decisions will serve to illustrate the issue.

On June 26, 1975, the U.S. Supreme Court ruled in the case of O'Connor v Donaldson, that a state cannot constitutionally confine:

> "...a nondangerous individual who is capable of surviving solely in freedom by himself or with the help of willing and responsible family members or friends..."

Further,

> "Mere public intolerance [of deviant behavior] cannot constitutionally justify the deprivation of a person's physical liberty."[4]

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[4] As cited in, R. J. Trotter, "Open Sesame: The Institution and Mental Institutions," Science News, 108, July 12, 1975, p. 30.

The case to which this ruling applied involved the continued confinement of an adult in a public mental institution in Florida.

The American Psychiatric Association calculates that as many as 90% of the estimated 250,000 residents of state and county mental hospitals are not harmful to themselves or others and, therefore, would be eligible to apply for or otherwise should be processed for release.[5]

In another federal case, Wyatt v Strickney, heard by the U.S. District Court of the 5th Circuit (Alabama), the court ruled in behalf of individuals in residence in mental health and mental institutions in Alabama that the state of Alabama had to comply with minimal institutional standards of care, treatment and habitation.[6]

One effect of this decision has been to increase the cost of institutional care to such an extent that the Governor has had to call for special legislation during the 1975 legislative session authorizing him to transfer funds from other departmental budgets, including that of the Department of Education, to cover growing financial deficits in institutional services budgets.

These decisions create pressures on states both to deinstitutionalize and to upgrade existing institutional services.

One state, California, seems to have anticipated the cited U.S. Supreme Court decision in that it imposed a state policy some years ago prohibiting institutionalization unless an individual could be shown to be dangerous to himself or others.

This policy has contributed substantially to reducing the population of institutionalized mental patients in that state from 37,000 in 1959 to 6,000 today.[7]

Although it is too early to determine what "trickle down" effects these landmark federal court decisions on adult cases will have on institutional services for children, other litigation now in process would seem to have clear and direct import.

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[5] Ibid.

[6] F. M. Johnson, Jr., "Court Decisions and the Social Services," Social Work, 20(5), 1975, pp. 343-347.

[7] "Emptying the Mental Wards: New Treatment Stirs a Controversy," U.S. News & World Report, Feb. 24, 1975, pp. 71-73.

Most notable are the current attacks in litigative form being mounted against the CHAMPIS program[8] and the practice of out-of-state institutional placements of children currently utilized by many states.[9]

At issue here are the legal rights of children caught in these programs to due process and treatment within their own states, if not within their own communities.

Decisions in behalf of litigants in these cases would increase the pressure on states to both deinstitutionalize relative to out-of-state placements and to upgrade existing state services, institutional or otherwise.

Legislation

Far and away the most important recent federal legislative development is Public Law 93-647 which includes the new social services amendments to the Social Security Act known as Title XX.

Title XX clearly favors community-based services and is nonsupportive of institutional care.[10]

Regulations provide that matching payments for room and board may be allowed only when these items are clearly shown to be part of an institutional service treatment plan.

Further, under the subordinate test in § 228.40-41 of Title XX regulations, room and board may not exceed 25% of total case cost wages and cannot continue for a period to exceed 6 consecutive months in length.

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[8] R. C. Keller, "Issues in the Residential Treatment of Children in Military Personnel," Child Welfare, 52(1), 1973, pp. 26-32. Justine Wise Pollier, "The Future of the Juvenile Court," Juvenile Justice May, 1975, p. 7.

[9] S. Kanton, "Interstate Business in Troubled Youngsters," The Washington Post, September 21, 1975, 71ff.

[10] Using Title XX to Serve Children and Youth (New York: CLWA, 1975), p. 13ff.

Finally, federal matching funds for services within institutions are not allowable if such services are an ordinary part of an institution's on-going program or if such services are also not available to individuals in the community.[11]

While the full impact of these regulations on state programs is yet to be felt, the Federal intent to support deinstitutionalization programs is clear.[12]

State legislatures are also moving toward the adoption of statutes that will increase pressures on institutional services in a variety of ways.

The tightening of admissions standards in mental health facilities in California has already been mentioned.

In New Jersey a bill has been introduced to put a cap on the population of a major public mental health institution.[13]

In Florida a law was recently enacted changing the status of ajudicated status offenders to that of dependent children. This has resulted in the channeling of approximately 300 children a month away from institutional placements and into state protective service caseloads.[14]

Other states, including Georgia, have recently adopted more stringent licensing standards for voluntary children's institutions that could lead to the elimination of some institutions.

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[11] See: Title XX Program Regulation Guide, § 228.26(A), p. 2315 issued by the Social and Rehabilitation Services (no date); and, Federal Regulations for Social Service Programs for Individuals and Families, Part II, Social and Rehabilitation Services, DHEW, as posted in the Federal Register, 40(125), June 27, 1975, § 228.41, p. 27359.

[12] Deinstitutionalization services are, in fact, cited by example as one type of service eligible for FFP in Title XX Program Regulation Guide, § 228.26(A), p. 2315.

[13] U.S. News and World Report, op cit, p. 72.

[14] Geraldine Fell, Chief of Protective Services, Florida Department of Health and Rehabilitative Services; Personal Communication, October 15, 1975.

Finally, there is beginning movement in legislative bodies in several states around the nation toward the creation of some sort of regulatory and oversight agency for public institutions which, heretofore, have not been subject to state licensing standards.

It would be enlightening to have the results of a survey on the general effects of various recent state statutes on the deinstitutionalization of children's services.

In the absence of such data, the best we can do is cite examples of state legislative acts that represent probably sources of pressure toward deinstitutionalization.

Some state actions may be having, in contrast, an inhibiting effect. A prominent example in this regard is the current practices by the Illinois legislature of line itemizing the state budget.

Currently, 22 million dollars is set aside specifically for purchase of institutional services for children.[15] This approach would seem to work against deinstitutionalization efforts.

Citizen Pressures

The widespread existence and growing influence of child advocacy organizations in the U.S. has recently been documented by Alfred Kahn's nationwide survey.[16]

Part of this movement has expressed itself in supporting litigation in behalf of children. The Children's Defense Fund, a recently created organization funded by several prominent foundations is a case in point.

To a considerable extent, however, these organizations have exerted pressures of a less direct sort upon state administrations in the direction of demanding greater justice in administrative practices.

One consequence of these pressures has been a move toward the adoption of child advocacy functions in several state governments.

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[15] Illinois State Budget, FY '76.

[16] A. Kahn, et al, Child Advocacy (Washington, D.C.: U.S. Government Printing Office, 1973).

Nearly every state now has, for example, a quasi official Council for Child Development--or its equivalent--operating out of the governor's office.

Several states have moved more directly to the appointment of state advocates--or ombudsmen--for children.

Both North and South Carolina now have full-time child advocates appointed to the Governor's staff in each state, and Wisconsin has, in addition, an advocate for parents' rights in cases involving placement petitions on their children.

Although there is, as yet, no coherent data on the effectiveness of such personnel, it can be assumed that they are a source of internal pressure working toward increased justice in the administration of children's programs.

Indeed, a rather specialized social movement appears to be developing concerned with administrative--or more broadly social--justice in children's programs.[17]

Bills of Rights for Children have been promulgated by special statewide committees in California and New York in recent years,[18] and a Bill of Rights for Foster Children was supported by the National Action for Foster Children Committee in 1973.[19]

Guidelines for just administrative practices in processing child welfare cases are another vehicle being utilized by child advocacy groups to impact the delivery of children's services.[20]

Also, a literature is beginning to develop that draws attention to procedural matters administrators of social service programs will have to attend to in the future to avoid mounting public complaints about unjust administrative practices.[21]

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[17] See, for example, J. Rothman, Promoting Social Justice in the Multigroup Society, (N.Y.: Association Press, 1971), and N. N. Kittrie, The Right to be Different, (Baltimore Md.: John Hopkins Press, 1971).

[18] California Children, Who Cares? (Sacramento, Calif.: California State Assembly, Office of Research, 1974).

[19] "The Rights of Children," in Notes and Comments, Social Service Review, 47(4), 1973, p. 608ff.

[20] See, for example, Justice for Children (New York: National Council of Jewish Women, April, 1972) pp. 101.

Together, these developments will most assuredly result in increasing pressures directly upon state program administrators to improve administrative practices, quite apart from the pressures that are produced by law and litigation.

Finally, the gap between the demand for state services and the willingness of tax payers to fund them is widening.

This factor has already resulted in decisions to move toward deinstitutionalization as a way to close the gap in several states.

In Ohio, for example, a large number of mental patients was recently released from public institutions in order to bring service costs in line with available funds.[22]

A similar decision was reached by the Georgia Parole Board in 1975 in according early release to 1,000 inmates of penal institutions as a solution to a crisis in over crowding and under funding of those institutional facilities.

One other note: administrators are, on occasion, the source of pressure relative to deinstitutionalization. The inability of administrators to overcome institutional resistence to program change has led more than a few to adopt an emphasis upon institutional abolition as an answer to their problems.[23]

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[21] See, among others, G. Thomas, "Social Justice: The Cornerstone for Treatment in Children's Institutions," Mimeo, 1974, 21 pp.; D. K. Hart, "Social Equity, Justice and the Equitable Administration," Public Administration Review, 34(1), 1974, pp. 3-11; M. M. Harmon, "Social Equity and Organizational Man: Motivations and Organizational Democracy," Public Administration Review, 34(1), 1974, pp. 4-18; E. B. McGregor, "Social Equity and the Public Service," Public Administration Review, 34(1), 1974, pp. 18-28; and D. O. Porter & Teddie W. Porter, "Social Equity and Fiscal Federalism," Public Administration Review, 34(1), 1974, pp. 36-42.

[22] U.S. News and World Report, Op Cit, p. 73.

In sum, a variety of influences stemming from law, litigation and child advocacy movements are acting on those responsible for state social service programs for children at the same time that administrators are facing serious constraints in meeting service demands in the form of fiscal under funding and resistence to change among staff members in many institutions.

Together, these sources of pressure work upon administrators to effect deinstitutionalization approaches as a common solution.

It is important to bear in mind that deinstitutionalization as a response to these pressures differs qualitatively from a movement to deinstitutionalize based on assumptions about the negative effects of the institutional experience itself.

Identifying the source--or sources--of pressure that are directly responsible for deinstitutionalization efforts is an important step in establishing estimates of the kind and extent of benefits--and negative side effects--that the effort will eventually yield.

This matter will be taken up in detail in a following section on the possible consequences of statewide deinstitutionalization of children's services.

DEINSTITUTIONALIZATION ALTERNATIVES

Deinstitutionalization is a loaded term. To some it means an immediate and total abolition of institutional services. To others, it means a gradual phasing out, or an elimination of certain types of institutions or programs, or a reshaping of existing institutional resources for new or different purposes.

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[23] See, for example, J. Koshel, Deinstitutionalization--Delinquent Children, Urban Institute Working Paper 963:15, March 9, 1973, p. 40ff; J. Koshel & B. Black, Deinstitutionalization--Dependent & Neglected Children, Urban Institute Working Paper 963:7, September 14, 1972, et passim; and Constance Holder, "Mental Health: Establishment Balks at Innovative Psychiatrist," Science (181), August 17, 1973, pp. 638-640.

In the main, states would seem to have 4 basic options relative to a deinstitutionalization policy as follow:

1. Cut down the average length of stay in institutions. The radical approach here would be to close all institutions immediately.
2. Cut down on referrals for admissions, either gradually or totally, thereby closing institutions by attrition.
3. Develop a phase out plan that combines a more rapid release of children with a progressive decline in referrals for admission.
4. Move toward a highly differentiated system where some institutions are maintained for treating a small percentage of extremely difficult or seriously deviant children, while eliminating others incapable of serving such or population.

To determine the utility of an immediate vs gradual approach and the utility of total elimination vs selective reduction, it is necessary to consider the following:

1. The extent to which the negative effects of the institutional experience are grounded in fact rather than myth, conventional wisdom, and assumption;
2. The capacity of alternative services (residential and family) to replace institutional services, assuming large scale deinstitutionalization; and
3. The probable negative as well as beneficial consequences for children and their families of deinstitutionalization.

Thorough assessments of these matters must then be fused with an identification of the specific sources of pressure and constraints facing state administrators in order to arrive at a deinstitutionalization policy that holds the most promise at the moment of improving services to children.

WHAT DO WE REALLY KNOW ABOUT THE EFFECTS OF THE INSTITUTIONAL EXPERIENCE ON CHILDREN?

"Over 400,000 children live in custodial institutions for neglected, dependent, delinquent, disturbed, re-

> tarded, and physically handicapped children. Knowledge about the impact of these institutional experiences on the development of children is not clear and is fragmented.
>
> "Most studies of institutional care have looked at the degree to which standards are met or have looked at the delivery systems for care. A major criterion for determining the quality or effectiveness of the institutional experience has been the incidence of discharge from the institution. If a child is released and returns to the community, it is generally assumed that the institutional experience was effective. Thus, meeting of standards and discharge from the institution have comprised the major research thrusts.
>
> "There is minimal information on the impact of the residential institutional experience on the development of children. What does the experience do to the physical, cognitive, social, and emotional development of children?"[24]

These observations were made by the Office of Child Development, DHEW, following a comprehensive examination of the available literature on institutional effects on children.

They led, in turn, to the adoption of a high priority on funding R & D projects on this matter for the 1976-77 period.

On the Production of Dehumanized Robot-Like Creatures

The idea that the institutional experience is productive of dehumanized, routinized, starkly apathetic human behavior has been with us long enough to be widely accepted as fact.

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[24] Office of Child Development, DHEW, Statement of Priorities for Research & Demonstration Activities in the Area of Children at Risk and the Child Welfare System. Mimeo, No. Date (Fiscal '76), p. I-2.

This concern with assessing institutional effects on children is widespread, as reflected in Boystown's recent decision to channel well over 10 million dollars over the next 25 years into 3 research centers at Boystown, Stanford University, and Catholic University. See: Boystown Center for the Study of Youth Development at Stanford: Annual Report 1973-74, 16 pp.

There is in fact, little or no support for this as a general conclusion about institutional effects on children.[25]

The roots of this view in its modern form can in large part be traced to a research project on infants by Spitz,[26] a paper presented to the United Nations by Bowlby,[27] and the early highly readable work of Goffman.[28]

Goffman and Bowlby deserve credit for raising profound issues about institutional care, but their works are not in any strict sense based on systematic research findings.

Spitz's study has been grossly overgeneralized over time to prove the point of monstrous institutional effects.

His point that institutionalization may have disasterous effects on infants may be well taken, but it cannot be applied whole hog to children old enough to at least partially care for themselves.

Much of the literature that has developed on institutional care over the last several decades has been built out of this very inadequate base.

The current literature can be classified as having two separable emphases, both of which have had considerable impact on the thinking of advocates of deinstitutionalization.[29]

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[25] Ann W. Shyne, "Research on Child-Caring Institutions," in: D.M. Pappenport, Dee M. Kilpatrick, & R.W. Roberts (ed) Child Caring: Small Policy and the Institution (Chicago: Aldine, 1973) pp. 107-143.

[26] R. A. Spitz, The First Year of Life (N. Y.: International Universities Press).

[27] J. Bowlby, Maternal Care and Mental Health, 2nd Ed., Monograph Series, No. 2 (Geneva: World Health Organization).

[28] I. Goffman, Asylums, (New York: Doubleday, 1961).

[29] A good summary of this literature can be found in, T. Holland, "Organizational, Structure and Institutional Care," Journal of Health and Social Behavior, 14 (3), 1973, pp. 241-251. Also see, G. Ganter, M. Yearkel, and N. Polansky, Retrieval from Limbo, (New York: Child Welfare League of America, 1968).

First, there is a body of literature that continues the simple minded view that institutionalization of any kind for any child is disasterous.

A second body of literature follows this line of reasoning in a selective sense. According to this view point, some institutional forms are indeed bad for children, namely custodial care, while other forms are good, namely residential treatment.[30]

In other words, the policy lines are drawn in the literature today on the issue of total deinstitutionalization vs selective elimination and the retaining of the residential treatment form.

In any case custodial care is identified as the bad guy.

Directly, or by inference, the therapeutic milieu is frequently presented as the opposite of or a corrective for custodial care.[31]

While there is as yet no commonly agreed upon description of the therapeutic milieu,[32] discussion of the concept usually stresses employing variants of the team approach with staff to intervene a resident child's daily life world (life space) to achieve what the team agrees to be beneficial changes in the child's inner and/or outer behavior.[33]

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[30] R. Durkin, "Evaluating Residential Treatment Programs for Disturbed Children," Mimeo, 1973, 118 pp.

[31] As Fritz Redl noted long ago, the term milieu simply represents the collection of factors one selects to describe the nature of the institutional setting. Tacking on the word therapeutic serves to draw attention to the positive or negative effects these factors have upon the behavior of the resident child exposed to them and how they may be purposefully utilized to enhance achievement of service goals.

[32] N. Hernstein, "The Challenge of Evaluation in Residential Treatment," Child Welfare, 54(3), 1975, p. 143.

[33] J. K. Wittaker and A.G. Treshman (eds), Children Away from Home: A Source Book of Residential Treatment. (Chicago: Aldine-Atherton, Inc., 1972); and, S.H. Taylor, "Institutions with Therapeutic Residential Programs for Children." in Child Caring: Social Policy and the Institution, D.M. Pappenfort, Dee Morgan Kilpatrick & R.W. Roberts (eds), (Chicago: Aldine, 1973), pp. 200-225.

Institutions identifying with this approach generally rely heavily on the skills of professionally trained staff dedicated to the goals of changing, correcting, and restoring children with presumed or known problems of one type or another.

These, then, are the issues and claims surrounding the matter of institutional effects on children.

What, in fact, do we know?

In general, we can say with assurance that there is no systematic substantiation in fact of the harmful effects of custodial care or the beneficial effects of residential treatment.

There are at least two rational forms of child adaptation to the institutional environment that institutional staff members may interpret as pathological.

Indeed, there is some evidence to suggest that such staff observations serve as the source for much that we believe about the dehumanizing effects of the institutional experience.

First, a child may believe that his best chance at getting released lies in "playing the game," that is, in adopting mentally servile and routinized behavior patterns.

Secondly, a child may feel that he is being unfairly detained and, as a consequence, act out against his institutional environment.

These behavior patterns represent a capacity for environmental adaptation, in our judgment, and a positive indication of potential for adaptation in a community setting.

Some evidence from a large study of institutional care in Georgia involving 32 children's institutions and 1,650 dependent/neglected residents supports this interpretation.[34]

Test-retest results on the growth/decline in social relationships skills of 632 institutionalized children over a year's time in residence disclosed a growth in relationships with teachers and school mates at levels similar to those for 1,025 noninstitutionalized children utilized for comparison purposes.

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[34] G. Thomas, A Community-Oriented Evaluation of the Effectiveness of Child-Caring Institutions (Athens, Ga.: Regional Institute of Social Welfare Research, 1975), 304 pp.

At the same time, relationships with cottage mates and to a lesser extent cottage parents, deteriorated.

Measures of staff decision making taken in the same study indicate that staff assess children largely--if not wholly--on the basis of on-grounds behavioral observations.

Thus, while children demonstrate "normal" developmental progress in the community context, staff are driven to conclude that they are getting worse based on their limited sphere of observations.

An earlier, widely cited study, tends to support these findings.

In that study it was found that measures of institutional adjustment were non-predictive of subsequent placement success or failure. Rather, the crucial factors seem to be the presence or change of socio-economic supports in the environment following release.[35]

Partly in line with this, Thomas found in an earlier study of a major public residential treatment center in Wisconsin, that success or failure following community replacement was more closely linked to children's personal habits and skills levels than to any treatment or institutional factor measured.[36]

In other words, success upon replacement was more clearly directly linked to children's personal manners, appearance, and simple skills in getting along with adults than to type of treatment given, child/family background factors, length of stay or general adjustment level attained in the residential treatment center.

These findings and others on custodial institutions summarized by Thomas[37] and on residential treatment institutions summarized by Durkin,[38] suggest that the "institutionalized child syndrome" even if observed is not enduring or predictive of placement outcome.

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[35] M. Allerhand, et al, Adaptation and Adaptability: The Bellefaire Follow-Up Study, (New York: CLWA, 1966).

[36] G. Thomas, Analysis of the Evaluation Effectiveness Guide, Research Report, DCY, Wisconsin Dept. of Health & Social Services, June, 1968, 20 pp.

[37] G. Thomas, Op Cit, et passim.

[38] R. Durkin, Op Cit, et passim.

Moreover, the same body of literature suggests that there are no established differences in the general long-term effects of custodial as contrasted to residential treatment modes of institutional services.[39]

Commentary on Institutional Treatment Effects

Claims of beneficial and negative cognitive, social and affective effects for children exposed to institutional living exist side by side in profusion.

Accounts of individual cases support both views. Pancho Gonzales, the famous tennis player, says that being institutionalized as a youth had no apparent harmful effects upon his development,[40] while other case descriptions attest to the opposite outcome.[41]

In terms of general effects, Erich Fromm, following a visit to Father William Wasson's well known orphanage in Cuernavaca, Mexico, was moved to observe:

> "Our findings are unbelieveable. The children are completely happy and free. What is remarkable is not only the ab-

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[39] The enduring effects of institutionalization in general and other presumably potent child development programs have received considerable attention, the results being generally non-supportive of hypotheses about long-term effects. See, for example, H. Desroches, et al, "The Effects of Institutionalization on Various Psychological Measures: A Summary of Test Findings," Report of Psychological Research: Effects of Institutionalization, V.A. Center, Johnson City, Tenn., No. 16, April, 1968, pp. 9-14; and Sally Ryan (ed) A Report on Longitudinal Evaluations of Preschool Programs Vol. I: Longitudinal Evaluations, DHEW publication No. (OHD) 75-24, 1974, et passim.

[40] P. Gonzales, "On the Outside Looking Back," Parks and Recreation, September, 1974, pp. 21ff.

[41] N. Ashby, "The Boy Prison Walls Can't Hold," Today's Health, August, 1974, pp. 46-49; and "The Hard Case," Time, February 14, 1972, p. 32.

> sence of major behavioral problems, but the presence of cooperation and mutual responsibility."[42]

Similar observations have been frequently made about the effects of the Kibbutz.[43]

Residential treatment as an institutional service mode also has its supporters as well as detractors.[44]

A specialized line of reasoning on institutional effects has it that length of stay is a major variable in determining how damaging the experience will be.

Thomas' previously cited research does not support this view.[45] Indeed, Handler's research findings suggest that longer lengths of stay may be beneficial in the treatment of some juvenile offenders.[46]

Although there is no definitive study on the treatment and developmental effects of institutional care on children--and probably never will be--the weight of the evidence raises serious doubts about the adequacy of several commonly held opinions.

There is little to no evidence showing the detrimental effects of prolonged stay, showing the superiority of one treatment form over another, or linking observed institutional adjustment levels to success or failure following replacement to community.

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[42] As cited in Parade, September 14, 1975.

[43] M. Wolins, "The Benevolent Asylum: Some Theoretical Observations on Institutional Care," in D. Pappenfort, Dee M. Kilpatrick, and R. Roberts (eds), Child Caring: Social Policy and the Institution, (Chicago; Aldine, 1973), pp. 70-76.

[44] Among others see: C. Bartolles, "Sisyphus in a Juvenile Institution," Social Work, (3), 1975, pp. 364-368; S. Dowling, "Treatment in Cottage Programs for Children with Severe Development Disturbances," Child Welfare, 54(6), 1975, pp. 395-405; and, A. N. Maluccio, "Residential Treatment of Disturbed Children: A Study of Service Delivery," Child Welfare, 53(4), 1974, pp. 225-235.

[45] G. Thomas, Op Cit, 1975, p. 112ff.

[46] Ellen Handler, "Residential Treatment Programs for Juvenile Delinquents," Social Work, (3), 1975, p. 221.

Commentary on the Effects of Institutional Structure and Placement Processes

Another line of argument holds that the effect of the institutional experience on children has more to do with structural emphases to which they are exposed rather than to the kind, quality, and duration of treatment programs.

For example, regardless of treatment program, it is commonly presumed that children will benefit more from *decentralized institutional environments than highly centralized, routinized environments.*

Some evidence does exist that children do respond differently to these two differently structured types of environments.

It can be shown that children are more actively involved in decentralized institutions and that they demonstrate a more passive adjustment pattern in centralized institutions.[47]

However, there is some evidence to suggest that centralized environments are superior to decentralized environments for the development of more passive or contemplative types of skills, such as school learning skills. Decentralized institutional environments seem to be superior in sponsoring the development of social skills and self control.[48]

In other words, structural differences have, at best, differential rather than comprehensive effects.

Whether an individual child would profit or not from one type of structure or another would seem to depend upon his specific needs.

Another often expressed view is that institutionalized children are substantially influenced in their developmental pattern through the process of peer learning.

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[47] T. Holland, Op Cit, G. Thomas, Op Cit, 1975, esp. p. 118ff, and A. W. Halpin, et al, Project Development Proposal for Improvement of Staff in Institutions for Delinquent Children Final Report, USOE project no. 204843, 1969, 48 pp.

[48] G. Thomas, Op Cit, 1975.

The most frequently cited assumption in this regard is that recidivism among juvenile offenders is largely attributable to peer learning.[49]

In short, treatment program effects are cancelled out because deviant behavior is learned in the company of other deviants.

This is an interesting viewpoint in that it is applied to juvenile offenders but not mentally disturbed youth in so called residential treatment institutions.

A logical--but unasked--question is how placing a juvenile offender in the company of his peers yields further delinquency while placing a disturbed child in the company of other disturbed children yields rehabilitation?

The point has been made elsewhere that mental institutions, by virtue of their focus on pathology, are in themselves inherently pathological environments incapable of their restorative missions.[50]

Then there is the view that the institutional experience is stigmatizing and therefore in some manner or another damaging to children.[51]

There is some evidence, for example, that a child's social status is jeopardized by virtue of having a "record" of having been institutionalized.

In New York City, one study reported that juvenile judges are far more likely to send children to correctional institutions if they have a record of prior placements in some form of children's or mental institution than when no such record exists.[52]

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[49] P. Lerman, "Evaluative Studies of Institutions for Delinquents: Implications for Research and Social Policy," Social Work, 13(3), 1968, pp. 55-64.

[50] D.L. Rosenhan, "On Being Sane in Insane Places," Science, 179(1), 1973, pp. 250-258.

[51] N. Hobbs, The Futures of Children: Categories, Labels, & Their Consequences, (San Francisco: Jossey-Boss, 1975), esp. Ch. 5 and Ch. 6.

[52] Juvenile Injustice, Office of Children's Services, Judicial Conference of the State of New York, October, 1973, p. 68ff.

On the other side of the ledger, Thomas has shown in an unreported study that children may see being in an institution as a stigmatizing experience.

A small sociometric study of 90 children in 3 community school classrooms (60 noninstitutionalized, 30 institutionalized class mates) indicated that noninstitutionalized children chose institutionalized children quite frequently as best friends and as children they would like to work with on group tasks in class.

Institutionalized children on the other hand stuck together choosing almost entirely among themselves relative to friendship and group task associational preferences.[53]

Although the data are modest on this matter, the results may indicate that one source of stigmatization derives from institutionalized children themselves.

These scattered findings suggest that there may be merit in the popular belief that institutionalization carries with it a stigmatizing effect.

In turn, deinstitutionalization would obviously be one way to eradicate this effect.

Finally, a charge is often leveled that institutions fail children because their programs are inadequate to their responsibilities.

In a common sense way, for example, it is understandable that institutions lacking educational, health, recreational or other programs cannot fully deliver on goals they may have regarding the intellectual or physical development of residents.

Thomas' data show that the learning performance levels of children in institutions lacking tutorial programs do decline over time.

This decline is also linked to the apparent fact that responsibility for educational guidance in such institutions falls to cottage parents, many of whom lack high school educations.

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[53] G. Thomas, Op Cit, 1975, p. 127ff.

Importantly, such declines are not evidenced in children in institutions having well developed tutorial and special education support services.[54]

Together, these findings show an association between program deficits and child development deficits. They also indicate, however, that this association is correctable and not an inherent defect of institutional care.

On balance, there would seem to be some support for deinstitutionalization based upon what we know of the impact of features of institutional structure and the institutionalization process on children.

Quite apart from treatment program effects and length of institutional stay, children may be deprived of their rights relative to opportunities for growth and development.

This may result from processes that label children and/or channel them into contact with undesired groups of peers, as well as from processes that fail to match specific institutional program strengths with specific child deficits.

In sum, there are institutional effects relative to a child's rights to fair, impartial and equal treatment that are worth considering in weighing deinstitutionalization policies in addition to, or separate from, consideration of treatment effects on child development.

Commentary on the Effect of Geographic Distance on Rehabilitation

Very little attention has been paid in any systematic way to the impact of geographic distance on prospects for replacing institutionalized children to their communities.

In part this is probably because common sense suggests that the farther a child is placed from his community the harder--and more costly--the job of working simultaneously with children and their parents.

Although the problem of great geographic distances exists in some placements within state boundaries, the most visible problem is in terms of out-of-state placements.

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[54] G. Thomas, Op Cit, 1975, p. 104 and p. 127ff.

A rough indicator of the costs facing states in simply bringing children back from out-of-state placements is found in the state of Illinois' estimate that in excess of $160,000 would be needed to effect the return of its out-of-state placement case load of 790 children, assuming no preplacement visits.[55]

If a similar figure is applied to underwriting the initial out-of-state placement of these children and yearly costs of interim staff visits and/or child visits home are added--not to mention child turn over costs--it becomes clear that the cost of out-of-state institutional placements is substantial.

Without probing this matter in detail, case cost and case communication factors would suggest that placements at great geographic distances serve no real treatment purpose and may involve an infringement of a child's rights.

It is important to note, however, that this observation is supportive of the elimination of out-of-state placements but not necessarily supportive of a policy of total deinstitutionalization.

Commentary on the Cost of Institutional Care: Equivalent Measures and the Diseconomies of Scale

There are those who contend that institutional care for children costs more--a great deal more--than other forms of care.

To some deinstitutionalization is supportable on the basis of this conclusion alone.

Fanshel and Shinn, for example, put the average cost of raising a child from infancy to age 18 in substitute care at over $122,500, a figure roughly 5 times the estimated cost to raise a child in an average middle class family.[56]

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[55] Illinois Department of Children & Family Services Plan for Return of Children in Out-of-State Institutions, Mimeo, no date, p. 14. This was a cost projection targeted for effecting a total result by July 1, 1973.

[56] D. Fanshel and E. Shinn, Dollars and Sense in the Foster Care of Children, (New York: CWLA, 1972).

This type of cost estimate is often persuasively used to argue against substitute care in general, although it is a misleading figure in at least one important way.

The impression left when such a cost estimate is used is that it costs that much for each child placed in substitute care.

Since very few children are in fact raised from infancy to adulthood in substitute care a better cost estimate would be one computed by dividing national average length of stay into the total infancy to adulthood estimate.

Calculated in this way, the average cost per child would be far less, perhaps 80 percent lower, than the $122,500 figure.

Within the general arena of substitute care, institutional care is similarly cited as being far more costly than foster family care.

It has been suggested that some of the difference in these estimated cost differentials results from lack of complete equivalency in the cost factors accounted for in making comparisons between differing forms of residential child care.[57]

Certain alternatives to institutional care are less expensive perhaps due to differences in number and type of services provided.[58]

Comparing costs of residential treatment services to those for non-specialized foster family care, for example, can easily result in spuriously high cost differences.

Further, many direct costs in community based placements such as foster family care are hidden from view whereas most if not all direct costs for institutional care show up in institutional budgets.

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[57] J. Koshel, Deinstitutionalization-Delinquent Children, Op Cit, p. 38ff.

[58] A. Levine, "Cost Benefit Analysis and Social Welfare Program Evaluation," Social Service Review, 42(2), 1968, p. 176; and, L. H. Jones, "How Time and Cost Analysis Can Be Used to Improve Agency Management," Child Welfare, 49 (7), 1970.

A minor comparative analysis of public costs for institutional and foster family child care in one metropolitan area illustrates this point.[59]

In this study the per diem cost for institutional care was established by a commonly used formula of dividing the total yearly budget by the number of child days in residence.

The per diem cost for foster family care was arrived at in a similar fashion, that is, by dividing total days in residence for the year by an aggregated direct cost figure.

This figure was obtained by establishing a cost for each item appearing in institutional budgets, including all costs normally charged to administrative and other overhead.

In short, proportional shares of the entire county public social service budget chargeable to housing foster family care staff, supervision, administration, case management, home finding, staff fringe benefits, travel and the like were taken into account.

The actual cost of foster family care computed in this fashion was 49 percent higher than shown in the county's annual report.

Controlling for equivalent services, that is comparing custodial institutional care to non-specialized foster family care, resulted in average per diem costs differing by as little as 5 to 10 percent.

In short, when costs are computed on the basis of *equivalent measures,* the cost difference shrinks considerably.

There is another cost consideration involved in deinstitutionalization processes related to *the marginal costs of community absorption.*

Even if clear cost differentials could be established utilizing equivalent measures, a question arises about the degree to which communities can absorb replaced children without incurring increased costs.

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[59] G. Thomas, "Comparative Costs of Institutional and Foster Family Child Care in Chatham County, Georgia," Mimeo, 1973, 12 pp.

As Koshel points out, a community school system might be able to absorb individually replaced children periodically without additional cost, but might face the need for more teachers, facilities, or both if faced with a large number of replaced children at one point in time.

Other community services could face a similar crunch.

While there is no way to estimate a community's margin for absorption in advance, it is quite possible that total deinstitutionalization in a state could result in a simple transferring of costs from public welfare to other public bureaus with no real savings to taxpayers.[60]

Thus, the cost argument for deinstitutionalization is a bit more tricky than it appears.

A further cost consideration relates to the so called concept of *economy of scale.*

The economies of bulk purchasing for the provision of basic needs would seem to tip the scales clearly in favor of institutional care.

Common sense would suggest that 100 foster parents providing for 100 foster children could not in the aggregate meet the basic needs of these children as cheaply as an institution purchasing in bulk for a group of similar size.

On the other hand, there may also be a *diseconomy of scale* in operations related to the provision of human services for children.

To make this point it is first necessary to state that there are, as yet, no human "technological shortcuts" to assist in developing individual human relationships through which children obtain much of their general guidance.

By technological shortcuts we mean mechanical methods to replace high cost human effort in achieving a human service result.[61]

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[60] J. Koshel, Deinstitutionalization-Delinquent Children, Op Cit, p. 39.

[61] A. Etizioni and R. Remp, "Technological 'Shortcuts' to Social Change," Science, (175), 1975, pp. 31-38.

Examples of such technological shortcuts might be more street lights to replace police patrols in controlling delinquency, computerized learning machines to aid in the educational process, and birth control pills to prevent unwanted pregnancy more swiftly than this result can be achieved by psychosocial counseling.

In short, the level of human effort required to establish and utilize adult-child relationships to benefit a child's general psychosocial development is not presently replaceable by mechanical means.

The direct cost of a unit of time spent in this activity is manipulatable solely in terms of the salary paid to the adult doing the work.[62]

Now if this line of reasoning holds water, a diseconomy of scale may exist that is applicable to institutional care comparing to alternative forms of care.

A unit of human service--assuming it can be selected for comparative analysis--is likely to cost more in institutional care partly because the provider will be monitored by and be accountable to more bureaucratic layers than might be true if the same service unit were rendered in foster family care.

The foster family parent providing such services is accountable to an agency worker who is accountable to superiors, but the house parent giving equivalent services is monitored by and accountable to institutional authority of one or more layers imposed primarily for institutional purposes. In turn, the house parent and/or these superiors are responsible to the line authority of the outside sponsoring agency.

Although this is speculation, it is entirely possible that economies of scale apply favorably to institutions relative to the meeting of basic needs but that this cost saving is at least partially off set by diseconomies of scale relative to the provision of psychosocial developmental services.

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[62] In a way, Martin Wolins is presently experimenting with staff training approaches in institutions in Israel under sponsorship of CWLA to determine if more effective output can be obtained without increased direct costs to institutions. In a sense, staff training is being treated here as a technological shortcut in human relations work. Child Welfare League of America, News Release, August 23, 1974.

The only point that can be made with any certainty about all of this is that arguments favoring total state deinstitutionalization of children's services based upon costs are on far more tenuous grounds than they appear to be on the surface.

SERVICE ALTERNATIVES TO INSTITUTIONALIZATION

Assuming that a state will continue to meet its obligations to children in need shout it move toward a deinstitutionalization policy, another step that must be taken is an assessment of service alternatives and their capacity for caring for currently institutionalized children.

Among the major alternatives worthy of review are foster family care, group home care, community-based programs, and prospects for strengthening family life.

Foster Family Care

The first order question is, to what extent can foster family care absorb the populations of children's institutions?

As previously noted, there are roughly 400,000 children in various types of institutional placements throughout the nation today.

The number of children in foster family care is variously estimated to be around 300,000.[63]

Clearly the number foster family homes would have to be radically expanded to contribute even partially to the handling of deinstitutionalization.

The prospects for accomplishing this enormous increase in supply are dim, on at least two counts.

First, as Kadushin notes, the total number of potential foster family homes maybe declining roughly in proportion to the rise in number of working mothers.[64]

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[63] R. H. Mnookin, "Foster Care--In Whose Best Interests," Harvard Educational Review, 43(4), 1973, p. 610.

One step that many states would have to take to increase supply would be that of changing their policies restricting the eligibility of working mothers--and single persons--from becoming foster parents.

There is a risk in loosening requirements in that eligibility standards for foster parents in many states are already so low that the quality of many persons currently performing as foster home parents is open to serious question.[65]

Secondly, a considerable number of institutionalized children have special needs, including mentally disturbed and retarded, behaviorally deviant, and physically handicapped children.

This means that the expansion of the supply of foster families would have to be in the direction of specialized foster homes to a goodly extent.

This further complicates matters because most states have very little in the way of specialized foster family care today; thus there would be unknown but probably substantial costs relative to program start up (more staff, recruitment costs, etc.).

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[64] A. Kadushin, "Institutions for Dependent and Neglected Children," in, D.M. Pappenport, Dee M. Kilpatrick, and W.R. Roberts (eds) Child Caring: Social Policy and the Institution, (Chicago: Aldine, 1973), pp. 145-176.

It should be noted at the same time that the public expresses strong support for the development and funding of foster family care resources. The results of a recent national survey of the public's attitudes toward welfare services indicated that 81 percent of the sample felt foster family care represented a good use of public funds. Genevieve W. Carter, et al, Public Attitudes Toward Welfare: An Opinion Poll, (Los Angeles: Regional Research Institute in Social Welfare, December, 1973), p. 21.

[65] Constance Osgood, et al, State of the Art: Foster Family Care, (Kansas City, Institute for Community Studies, December, 1974), Mimeo, p. 9ff. Also see: M. Wolins, Selecting Foster Parents: The Ideal and the Reality, (New York and London: Columbia University Press, 1963); R. Dinnage and M.L.K. Pringle, Foster Home Care Facts and Fallacies, (London: Longmans, Green and Co., Ltd. in cooperation with the National Bureau for Co-Operation in Child Care, 1967); and, D. Kline and H.M.F. Overstreet, Foster Care of Children: Nurture and Treatment, (New York: Columbia University Press, 1972).

One available new support in this regard is the provision in Title XX that allows federal matching payments for a variety of special services in foster family care.

Although few states have taken action to utilize this funding option to date, a major study of state foster family care programs in the Southeast recently launched by the Regional Institute should materially aid state planning within a year.[66]

In sum, from a supply standpoint states need to examine closely the prospects for radically increasing the number of foster family homes and the start up costs related to such an expansion that would be required independent of service costs reimburseable under Title XX.

Pursuing the issue of costs a bit further, states also need to take a much closer look at the extent of the cost savings resulting from increased utilization of foster family care.

The fiction of gross cost savings is underscored in the Child Welfare League of America's estimate that unaccounted for overhead costs in foster family care are about 5 percent of total direct costs.[67] Our figure, from a study previously cited, is about 49 percent.

Other matters worth considering in comparing foster family care to institutional care are the presumed service advantages associated with foster family care.

One presumed advantage is that foster family care is *temporary* in nature whereas institutional care tends to be long-term.

Recent studies have revealed that, in fact, foster family care tends to be long-term or quasi-permanent in nature.

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[66] Regional Institute of Social Welfare Research, University of Georgia, "A Regional Analysis (Region IV) of the Supply and Demand for Foster Family Services with Implications for State Planning." Funded by Social and Rehabilitation Service, DHEW, Grant No. 09-P-56015/4-07, effective July 1, 1975.

[67] As cited in Constance Osgood, et al, Op Cit, p. 7.

Fanshel,[68] Engler and Maas,[69] and Maas,[70] for example, found a high likelihood that foster family care will be permanent if a child's length of stay exceeded 2 and 1/2 years.

Others have pointed out that a possible advantage in foster family care related to higher potential for working with natural parents to effect a return of a child to his home also fails to occur in reality.[71]

Part of the reason for this is the role conflict that frequently arises between natural parents and foster parents while a child is in care. This conflict often contributes to undermining the initial intent to effect an early rehabilitation to the natural home.

In sum, there seems to be no inherent advantage in foster family placements that will in some magical way yield the sought after short-term placement of children.

A third presumed advantage of foster family care is that a child will receive *warm, loving individualized attention* in such placements whereas he will be subjected to impersonalized care in an institution.

Once again, the facts are not encouraging relative to this presumption.

Although actual length of stay is considerably longer than might be expected in foster family care, *psychologically* such placements are, indeed, perceived as temporary by many children.

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[68] D. Fanshel, Op Cit.

[69] H. Maas and R. Engler, Children in Need of Parents, (New York: Columbia University Press, 1959).

[70] H.S. Maas, "Children in Long-Term Foster Care," Child Welfare, 48(6), 1969.

[71] H.B.M. Murphy, "Predicting Duration of Foster Care," Child Welfare, 48(2), (February), 1968, pp. 76-84; and, H. Gottesfeld, In Loco Parentis: A Study of Perceived Role Values in Foster Home Care, (New York: Jewish Child Care Association, 1970).

Legal ambiguities abound relative to a child's rights in such placements and also relative to foster parents rights to care for a child as opposed to natural parents rights.[72]

Further, the foster family home is often less capable of accepting and tolerating deviant behavior than an institution within which such behavior is diluted by group living processes.

This lower tolerance level often keeps children on tenderhooks and is suspected to contribute to the well known problem of serial foster home placements.[73]

Most importantly, social agencies providing financial support for foster family placements view these placements as temporary.

This is illustrated in a recent case in New York City in which a decision was made to withdraw four young sisters from a foster family home because the case worker viewed their relationship with the foster parents as *too* warm and loving.

The rationale underlying this decision was that too close a bond with the foster parents would work against eventual replacement with the natural parents![74]

While there are no systematic data on such matters, it is possible that this type of decision is not an isolated occurrence.

Generally speaking, legal ambiguities and psychological expectations tend to interdict relationships between children in foster family homes and foster parents.

In turn, this observation raises very serious questions as to whether foster family care is capable, under present circumstances, of delivering a better quality relationship for children than institutional care.

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[72] Hasseltine B. Taylor, "Guardianship or 'Permanent Placement for Children'," in J. Ten Broek (ed) The Law of the Poor, (San Francisco: Chandler, 1966), pp. 417-423.

[73] J. Meisels and M. Loeb, "Unanswered Questions About Foster Care," The Social Service Review, 30(3), 1956.

[74] Barbara Campbell, "Foster Homes: A Matter of Loving, But Not Too Much," New York Times, October 26, 1975.

Finally, the superior effectiveness of foster family care comparing to institutional care is open to question.

As is the case with institutional care, a definitive study on this matter has not yet been done.

One major approach to this question has been the evaluation of life circumstances of adults who had resided in foster family homes at some time during their childhoods.[75]

Although some questions are possible about the validity of such a research design, given the long intervening period between placement and measurement of effects, the results *generally* indicate that these individuals have grown up to be at least adequate citizens.

All that can be said in this regard is that, based on what we know, the effects of foster home care appear to be no more--and no less--damaging than those for institutional care.

Group Home Care

Group home care is a relatively recent addition to the placement services commonly offered to children.[76]

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[75] See for example, A.N. Maluccio, "Foster Family Care Revisited: Problems and Prospects," Public Welfare, 31(2), 1973, pp. 12-17; Elizabeth Meier, "Current Circumstances of Former Foster Children," Child Welfare, (April), 1965, pp. 196-206; J. McCord, et al, "The Effects of Foster Home Placement in the Prevention of Adult Antisocial Behavior," Social Service Review, 34(4), 1960, pp. 415-420; H.B.M. Murphy, "Foster Home Variables and Adult Outcomes," Mental Hygiene, 48, 1964, pp. 587-99; J. Kraus, "Predicting Success of Foster Placements for School-Age Children," Social Work, 16(1), (January), 1971, pp. 63-72; R.A. Parker, Decision in Child Care: A Study of Prediction in Fostering, (London: Allen and Unwin, 1966); and M.L. Pringle, et al, 11,000 Seven-Year-Olds, (London: Longmans in association with the National Bureau for Co-Operation in Child Care, 1966).

[76] M. Gula, Agency Operated Group Homes, Children's Bureau Publication, DHEW, 1969, pp. 27-30.

Partly because of the recency of this development it is extremely difficult to classify all the types of group homes and uses to which they are presently being put.

One major type of group home is the "halfway house," a sort of residential midpoint utilized to reintegrate the insitutionalized child with his community.[77]

Generally speaking, halfway houses are being run by local social service agencies or as adjunctive services of residential institutions.[78]

Another type is the group treatment home which is intended primarily as a replacement for institutionalization for disturbed and delinquent children.[79]

It is important to point out initially that the group home is largely--but not exclusively--intended to serve adolescents.

One reason for its development was the presumption that older children needing residential care are ill served by both foster family homes and institutions.

Thus, in terms of the role of group homes in a state deinstitutionalization plan, consideration must be given to determining the proportions of the total institutionalized population that can be served by this type of placement alternative.

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[77] O. J. Keller, Jr. and B. S. Alpen, Halfway Houses, (Boston: Lexington Books, 1970); K.S. Carpenter, "Halfway Houses for Delinquent Youth," Children, 10(4), 1963, pp. 224-229; O.W. Pearson, "A Differential Use of Group Homes for Delinquent Boys," Children, (4), 1970, pp. 143-147; A. Elias, "Group Treatment Program for Juvenile Delinquents," Child Welfare, 47(5), 1968, pp. 282-290.

[78] R. Schulman, "Examples of Adolescent Group Homes in Alliance with Larger Institutions," Child Welfare, 54(5), 1975, pp. 341-349; and, K. R. Russell, et al, "Innovations in Providing Community-Oriented Institutional Care of Emotionally Disturbed Children," Community Mental Health, pp. 285-286.

[79] For example see: Joan Rattner Heilman, "A Different Kind of Dream House," Good Housekeeping, August, 1974, pp. 38ff.

Although very little is known factually about the advantages or disadvantages of group home care comparing to institutional care, some of the same legal and psychological problems that plague foster family care would seem to apply.

For example, the "walk-in house" utilized with runaway children is faced with serious legal dilemmas relative to maintaining confidentiality of children's identities in response to legitimate information demands from authorities, the obligation to notify natural parents, and other matters.[80]

While there is much to recommend in putting the adolescent in contact with small groups of his peers, the psychological expectations attendant to temporary placements among all parties have potential for undermining therapeutic relationships somewhat in the matter discussed regarding foster family home placements.

It is worth noting that nothing in the group treatment home approach is unique with the possible exception of the facility itself. This is to say that the same treatment approach could be and is being utilized in institutional settings.

Moreover, any approach that rests primarily on peer influence and learning methods risks criticism on the same grounds applied to institutional care. *If children learn delinquency in the company of delinquents while institutionalized, why would the same outcome not hold for children in the company of delinquents in the group home?*

There is very little in the way of research findings demonstrating clearly the advantages of either halfway houses or group treatment homes.

Logic suggests that the halfway house may have merit in reintegrating institutionalized children into their communities. In that limited sense, such placement services could assist partial deinstitutionalization approaches.

On the other side of the ledger, the results from studies that have been done to date on the effectiveness of group treatment homes in rehabilitating troubled youth[81] and delinquent youth[82] are inconclusive.

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[80] "Citation on Runaways and the Law," Family Law Reporter, October, 1975.

In other words, we simply don't know whether the group treatment home is superior to institutionalization or not.

One matter that is becoming clearer as this approach to child placements develops is that the costs involved in its provision may exceed costs for all other types of residential care, including institutionalization.[83]

Direct operating costs per child in residence are extraordinarily high, but of equal importance to a state institutionalization plan is the matter of start up costs.

Given that group homes are not in abundance in most states, a state would probably have to underwrite start up costs, in terms of direct capitalization of facilities and staffs or some form of payment subsidy, and continue some form of subsidized staff training over the implementation period.

Sharkansky has shown in an analysis of start up costs in state funded public service programs that states can expect very little service return on their investment over the implementation period.[84]

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[81] For recent examples of a growing body of inconclusive findings on small group home care services see: *Project Report, Reform: Use of Residential Programs to Provide Social and Vocational Adjustments for Adolescent Girls*, Villa Loretta School, Peeksville, N.Y., February, 1969; *Final Report and Evaluation*, Girls' Residential Youth Center, Portland, Maine, March, 1970; and *Final Report: Boys' Residential Youth Center Effect of Innovative, Supportive Services in Changing Attitudes of "High Risk" Youth*, Boys' Residential Youth Center, New Haven, Connecticut, February, 1969.

[82] E. V. Mech, *Delinquency Prevention: A Program Review of Intervention Approaches*, (Regional Research Institute for Human Services, Portland State University, 1975), pp. 51ff.

[83] J. Koshel, *Deinstitutionalization: Dependent and Neglected Children*, *Op Cit*; and M. Gula, "Community Services and Residential Institutions for Children," *Children Today*, 3(6), 1974, pp. 15-17.

[84] I. Sharkansky, "Government Expenditures and Public Services in the American States," *American Political Science Review*, 61(4), 1957, pp. 1066-77.

In sum, the group home would appear to be useful in a limited way in a state deinstitutionalization plan, particularly in terms of community reintegration of institutionalized children.[85]

Further reliance on this form of care as a *replacement* for institutional care raises very substantial cost and service effectiveness considerations.

Community-Based Services

Another alternative to institutionalization is community-based services. This approach differs in that it aims to serve the child within his community, preferably in his own home, and thereby avoid residential placements altogether.

The variety of services being utilized under this label is bewildering and it would serve no purpose to try to identify them all.

Community-based services can mean, of course, community-based institutional services. Several states, Georgia, for example, have implemented systems of small regional mental health and mental retardation institutions as a way of eliminating great geographic distances as a factor inhibiting rehabilitation.

Here, however, we are referring to non-residential community-based services for children.

In the mental health arena, the most visible movement in this direction is the nationwide establishment of roughly 700 Community Mental Health Centers over the last 20 years.[86]

Beyond this movement, however, little has been done nationally in the way of community-based services for children, excepting the efforts that have been made to combat juvenile delinquency.[87]

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[85] See: "A Better Life for the Mentally Retarded," Psychology Today, February, 1975, pp. 35-36, for a description of how a "quarterway house" helps in this regard.

[86] U.S. News and World Report, Op Cit, February 24, 1975, p. 72.

Included among the alternatives--loosely termed community based--that have been developed for juvenile offenders are "outward bound schools,"[88] forestry camps, job corps and similar work-study types of programs, youth service bureaus,[89] which in many ways are similar to older "drop in" neighborhood house services, and various community incentive plans that provide state financial premiums to agencies and local governments for keeping children out of institutions.

Several incentive plans have been experimented with, notably in Southern California.[90] To date they have been determined effective in that they have kept children out of delinquency institutions and have proven profitable to local government. The value of these programs for children exposed to them is as yet, however, unknown.

The effectiveness of community-based service approaches comparing to institutional care is really not estimable except in the realm of delinquency services, where, as noted, most such efforts have been made.

Within this limited realm, the research results on such efforts do not prove overly encouraging.

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[87] See for example: C. F. Grosser, Helping Youth: A Study of Six Community Organization Programs, (Washington, D.C.: U.S. Government Printing Office, 1968), 72 pp.; and, L. T. Empey, Alternatives to Incarceration, (Washington, D.C.: U.S. Government Printing Office, 1968), 88 pp.

[88] F.J. Kelly and D.J. Baer, Outward Bound Schools as an Alternative to Institutionalization for Adolescent Delinquent Boys, Mimeo, 1968.

[89] A. F. Breed, et al, A National Study of Youth Service Bureaus, publication no. SRS 73-26025, Social and Rehabilitation Services, DHEW, 1972, 359 pp.

[90] Ester M. Pond, The Los Angeles Community Delinquency Control Project: An Experiment in the Rehabilitation of Delinquents in an Urban Community, California Youth Authority Report No. 60, September, 1970.

Mech's in depth assessment of most of the prominent community-based programs for delinquents launched over the last 25 years led him to conclude that:

> "Of the special community intervention projects conducted over nearly 25 years, fully 75 percent, or nearly 3 of every 4 studies, reported non-significant outcomes. Moreover, of the studies cited that used some form of experimental-control group procedure, none reported significant intervention differences between experimental and control youth."[91]

Similarly, Handler was moved to conclude on the basis of her recent comparative research that,

> "...generalized claims concerning the relative effectiveness of residential versus non-residential forms of correctional treatment are premature."[92]

We are, in short, in limbo relative to assessing the merits of community-based services in a state deinstitutionalization plan, partly because little had been done with children other than juvenile offenders, and partly because the results for that which has been tried are inconclusive.[93]

The same observation holds relative to matters of comparative costs. Many of the community-based ventures that have been identified were sponsored by multiple agencies and multiple levels of government and entailed the development of methods of supportive services on voluntary or purchased services bases.

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[91] E. V. Mech, Op Cit, p. 51.

[92] Ellen Handler, Op Cit, p. 222.

[93] A side note on the effectiveness of such programs: During 1973 Regional Institute staff was asked to consult with a community-based day treatment program for juvenile offenders in Savannah, Georgia. One of our initial findings was that 19 of the 29 boys in the program would have opted to serve their time, as they put it, in an institution rather than in the day program, had they been given a choice in the matter.

The intricacies in funding, allocating, and accounting processes in these programs no doubt have played a part in inhibiting sound cost analyses to date.

Strengthening Family Life

A final option, separable from other alternatives to institutionalization has to do with a broadly based approach on the part of state and federal government to strengthen family life.

This is to say that an attack on the weaknesses in families that result in the need for out of home supportive services and placements for children would yield deinstitutionalization by eliminating the root causes for the existence of institutions.

Such an attack would, of course, require comprehensive planning, the adoption of a coherent national family policy, and the outlay of enormous sums of money for improved financial payments to keep families intact, to subsidize day care for working parents, and to provide protective and preventive social services for whole family units.

Although some local governments are showing initiative in trying to move in this direction,[94] there are important counter movements in the country--cost considerations aside--that dim prospects for immediate advances toward the general goal of strengthening family life.

Most prominent of these counter movements is the children's rights movement itself.

Although this movement is surely not intended to undercut family life, several of the concepts generally being advocated by segments of it may have such outcomes.

Generally speaking, as the children's rights movement is moving toward greater protection for children it is also moving--intentionally or otherwise--for a redefinition of parent-child roles and relationships.[95]

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[94] Department of Human Resources, District of Columbia, Children the Resource of the Future: A Comprehensive Child Care Plan, November, 1974.

A growing militancy surrounds the issue of termination of parental rights, and a case is being advanced with greater urgency to make it easier for a state to sever a child from his parents.[96]

Broadening the criteria applicable to court assignment of child custody is another way in which state penetration of parent-child relationships is occuring.[97]

The mounting support for subsidized adoptions also has within it a potential for contributing to the weakening of supports for family life in a similar way, that is, in terms of making permanent extraction of the child from the home easier for a state to accomplish than it has been in the past.[98]

No one is suggesting that these efforts are being made for the purpose of undermining family life in America.

Yet, if the purpose is to move toward a comprehensive program and uniform policy supportive of strengthening family life, considerable effort will be required to channel these developments to work for rather than against that over all goal.

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[95] Judith Areen, "Interaction Between Parent and Child: A Reappraisal of the State's Role in Child Neglect and Abuse Cases," The Georgetown Law Journal, 63, 1975, pp. 887-937.

[96] See: Office of Child Development, DHEW, Model Termination of Parental Rights Statute, Mimeo Draft, no date; and, Richard S. Levine, "Foundations for Drafting a Model Statute to Terminate Parental Rights: A Select Bibliography," Juvenile Justice, August, 1975, pp. 42-56.

[97] See, for example, State of Michigan, Child Custody Act of 1970, [M.S.A. 25.312 (1)].

[98] Office of Child Development, DHEW, Model State Subsidized Adoption Act and Regulations, DHEW Publication No. (OHD) 76-30010, 1975; E. K. Turner, "Should Adoptive Parents be Charged a Fee?," Children Today, 2(6), 1973, pp. 18-21; and, Arlene L. Nash, "Reflections on Interstate Adoptions," Children Today, 3(4), 1974 pp.

All things considered, strengthening family life cannot be considered a viable option, at least over the immediate future, in the design of state deinstitutionalization plans.

POSSIBLE UNINTENDED CONSEQUENCES OF DEINSTITUTIONALIZATION

In altering social programs to better meet the needs of children it is safe to assume that the effort will fall short of perfection.

A state plan for the deinstitutionalization of children's services is one thing, the consequences of its implementation--for children as well as for the community--are quite another.

This paper began by questioning whether deinstitutionalization is a forward or backward social movement. Part of the answer to this question will lie in how throughly a state anticipates the consequences of its deinstitutionalization approach and plans to meet them.

State traditions in the provision of social services to children and potential sources of community resistance to deinstitutionalization must be taken into account in advance of implementation.

For example, a feasibility study conducted in Louisiana concluded that total deinstitutionalization of mental retardation services for children was not advisable because of the tradition of centralized state provision of these services, the general satisfaction of the population with this approach, and its expectation that the approach will continue.[99]

Another state, Illinois, confronts a different but no less popularly supported tradition. This state is among a very few states west of the eastern seaboard that have long traditions of voluntary support for institutional services for children.

An unilateral move by a state administration in these states--or others with varying but enduring traditions--could easily set off public reaction resulting in unanticipated outcomes for the deinstitutionalization plan.

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[99] R. A. Perkins, et al, Deinstitutionalization Project: Final Report, Division of Mental Retardation, Louisiana Health and Human Resources Administration, May, 1974, p. 132 ff.

Pockets of resistance to deinstitutionalization already exist in communities in the form of labor unions representing institutional workers.[100]

This vocal minority can hardly be dismissed lightly since it could represent a source for exciting the fears that lie just below the surface of public opinion relative to moving large numbers of delinquent, mentally retarded, and mentally disturbed children into residential neighborhoods.

Even the parents of children who are potential candidates for institutionalization need to be fully informed about the adopted deinstitutionalization plan.

The Louisiana feasibility study shows that the majority of parents of children on institutional waiting lists *desire* institutionalization for their children.

Parents favor community-based services only when they have in fact received them or are completely assured of their delivery as an alternate to institutionalization.[101]

A final source of resistance to deinstitutionalization may lie in the institutional service bureaucracy itself.

An intriguing example of this showed up in the same Louisiana study. Bureaucrats and professionals alike were found to be opposed to deinstitutionalization because current mental retardation case classification systems were held to be inadequate for purposes of matching specific children with appropriate community-based services.[102]

To minimize the unanticipated consequences of a state deinstitutionalization plan, a first order of business is a full disclosure of the plan publicly for purposes of marshalling as much support as possible.

Failure to do this could quite easily result in generating counter productive public opinion and perhaps renewed support for institutional care itself.

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[100] "Deinstitutionalization Halt Urged," Behavior Today, February 24, 1975, p. 399.

[101] R. A. Perkins, et al, Op Cit, p. 134.

[102] R. A. Perkins, et al, Ibid, p. 135.

Unintended consequences stemming from failure to contend with state service traditions and pockets of community resistance are important but perhaps less so than those that can occur from the failure to implement a comprehensive plan of alternative services to offset the effects of deinstitutionalization.

Failure in this regard can result in "sheer chaos" which is Dr. Feighner's view of the outcome of deinstitutionalization efforts in California.[103]

More specifically, deinstitutionalization unaccompanied by a comprehensive alternative service plan can mean a *simple reduction in alternatives for agency decision makers*, further limiting an already limited number of available options in cases involving children.[104]

It can also mean *the displacement of goals in existing community services* pressed into duty in absorbing the case load of released children.

This matter is of wide concern to Community Mental Health Centers, many of which are complaining that deinstitutionalization of adult services has caused them to divert energies altogether from preventive goals and programs in order to meet the daily treatment needs of the increased client load.[105]

Further, a suspicion is developing that state deinstitutionalization plans that do not have accompanying alternative service plans are, on their face, self serving politically motivated efforts at impressing the public that something is being done about the high costs of social services.

Concern is developing that plans promulgated on this basis will produce a *revolving door policy*, or the shuffling out of residents now and their readmission later because no other alternative has been provided.[106]

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[103] U.S. News and World Report, Op Cit, p. 73.

[104] Nanette Dembitz, "Justice for Children--for Now and for the Future," American Bar Association Journal, 60, May, 1974, pp. 588-591.

[105] U.S. News and World Report, Op Cit, p. 73.

[106] H. Aviram and S. P. Segal, "Exclusion of the Mentally Ill," Arch. Gen. Psychiatry, 29, July, 1973, pp. 126-131.

Also, *a reversion to prior--and worse--service practices is possible under these conditions.*

For example, unless services actually exist and are open to children upon their return to their communities, there are no real safeguards to guarantee them protection and care.

Put another way, once back in the community children are subject to exclusion from existing services on the basis of local agency policies and admission standards.[107]

Perhaps of more importance than a reversion to arbitrary exclusionary decision-making processes is the prospect of reversion to worse forms of service provision.

The total deinstitutionalization of juvenile offender services in Massachusetts serves to illustrate what is meant here.[108]

Although that program has been implemented--not without rough going--concern is growing as to the long-term consequences.

A comprehensive review of this effort is now underway. In its absence, it is worth conveying the concerns of some observers of the program.

In the main, concern is over two possible developments. First, some group homes being utilized by the state on a purchase of service basis seem to be moving toward becoming maximum security operations complete with a guard at the door.

Secondly, there is fear that judges, lacking juvenile institutions as a service alternative, are beginning to remand increasing numbers of juveniles to adult courts for trial, and, subsequently, to incarceration in adult prisons.

At present this remains speculation. But should these concerns be born out in fact, deinstitutionalization of this system of children's services will have resulted in the reversion to practices of the turn of the century.

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[107] F. N. Arnhoff, "Social Consequences of Policy Toward Mental Illness," Science, 188, June 27, 1975, pp. 1,277-281.

[108] L. Ohlin, R. Coates and A. Miller, "Radical Correctional Reform: A Case Study of the Massachusetts Youth Correctional System," Harvard Educational Review, 44, 1974, pp. 74-111.

That practice of sending juveniles to adult prisons led in large part to the creation of juvenile institutions to keep youngsters separate from "hardened" criminals.

It is a worthwhile question whether deinstitutionalization will have contributed in the long run to a return to a worse form of care in this case or not.

Looking at state deinstitutionalization from the perspective of unintended consequences is instructive in the sense that it lends balance to the arguments for and against the idea.

In the absence of a national policy and programs supportive of strengthening family life, or short of this, in the absence of a state plan for comprehensive service alternatives to absorb deinstitutionalized populations, decisions must be reached on the basis of whether there will be more service benefits than losses to children and communities.

Most assuredly there will be losses as well as gains.

CONCLUDING ASSESSMENT

The demand for deinstitutionalization of state services for children is widespread and growing.

The popular view that institutionalization is a dreadful form of care for children, repeatedly reinforced by professional opinion about the negative effects of institutional care, constitutes a major source of pressure on states.

This body of opinion combined with the rising strength of the children's rights movement makes almost certain that most states will move toward deinstitutionalization in one way or another in the immediate future.

The question is whether the deinstitutionalization plan adopted by a state will yield improved services for children.

A real possibility exists that a badly designed and implemented plan could produce negative public reaction and a worsening of children's services.

Our review of the factors that could influence the outcome of a deinstitutionalization plan and the state of knowledge about the effects of institutional and alternative forms of care on children leads to several conclusions that could prove helpful in advancing the prospects for success, or at least in cutting down the risks of failure.

1. The Rationale for a State Deinstitutionalization Plan Must be Sound, and the Rights of Children is Seen as the Best Rationale

In our view, the best rationale for a deinstitutionalization plan would be one based on the rights of children.

The evidence at hand suggests that this rationale is superior to one based on either presumed negative effects of the institutional experience or the presumed higher costs of institutional care.

The basic reason for this conclusion is that the negative effects and higher cost arguments cannot be proven in fact whereas the rights of children can be established through judicial and legislative processes.

Public support is, of course, crucial to the successful implementation of the deinstitutionalization plan.

If the plan is sold to the public on the basis that institutionalization is bad and/or too costly, implicitly the public is being told that some other service alternative is better and/or cheaper.

The evidence on the superiority of alternative forms of care--and their lower costs--is, at best, inconclusive.

Thus, any plan based on the rationale of negative effects and/or higher costs seriously risks creating negative public reaction and perhaps reactionary developments in children's services.

For example, suppose deinstitutionalization is sold based on the presumed facts that institutionalization is long-term and dehumanizing.

Suppose further that foster family care is sold as a basic alternative service approach.

The evidence at hand does not particularly support foster family care as more humanizing or shorter in term.

Moreover, real problems exist relative to achieving the needed expansion in numbers and quality of foster family homes to absorb the released populations of children's institutions.

It may not take the public long to conclude that children in general are being no better served than they were prior to deinstitutionalization.

Ultimately the public may conclude that some children are not treatable in a community context, since little or no diminishment in dependent and/or deviant behavior is observed while they are being treated in noninstitutional services. This, in turn, could lead to mounting pressure for increased public investment in institutional services.

A similar public revelation may occur relative to the cost argument.

General displeasure may result from the discovery that cost savings from deinstitutionalization simply represent paper transfers of cost--perhaps as high or higher--to other bureaus to implement alternative services for deinstitutionalized children.

Public reaction could be particularly negative in the early stages of a deinstitutionalization plan sold on the cost argument because of the high start up costs required in implementing new and expanded service alternatives.

Over the short run, in particular, a state would be hard pressed to show a financial payoff from deinstitutionalization.

Basing the deinstitutionalization plan on the rights of children offers a way to avoid some of the serious risks inherent in the negative effects and cost rationales.

For one thing, there is widespread public support for this rationale grounded in our general value system.

For example, our value system commonly holds that the proper place for raising a child is the natural family home.

Given this, it is possible to conclude that a child has the right to be cared for in the nearest approximation of the natural family home consistent with his needs, assuming there is sound justification for removing him from his natural family.

The least approximate placement for a child, on a continuum of care, is that of institutionalization. Thus, unless severity of need and service benefit could be clearly demonstrated, a child has a right to placement in a closer approximation of natural family living.

Importantly, a deinstitutionalization plan based on this rationale does not have to prove negative effects or lower costs.

The child's rights supercede both placement and costs as a line of argument.

The state's responsibility to show treatment benefit and cost efficiency, in short, come into play after the state has ensured the rights of children.

It would even be possible, following this rationale, for a state to defend higher costs, if necessary, to guarantee the implementation of children's rights.

2. The Plan Must be Publicly Aired in Advance of Implementation and Demonstrate a Relationship with State Service Traditions

Any deinstitutionalization plan--no matter how gradual in design--put in effect without prior public airing is likely to be viewed by the public as a precipitous act by state government.

A precipitous state action always carries with it higher risk of negative public reaction than one that has been fully aired in advance.

On the positive side, full advance public disclosure holds promise for marshalling public support, particularly if the plan's underlying rationale is sound.

A most important source of support that can be developed in this way is that of parents of children who are presently institutionalized and others who feel a need for outside services to assist them in raising their children.

This is a shapeless but potent lobby. Since these parents are those most directly effected by any deinstitutionalization plan their voices will be heard, disproportionately heard, in the media and by government officials.

If this consumer group cannot see the direct benefits from the deinstitutionalization plan, the plan will face serious implementation problems.

Of equal importance, the plan must show some consistency in philosophy and design with state service traditions to win public support and undercut resistance from speical interest groups identified with traditional service approaches.

Once again, immediate and radical departure from these traditions can only increase the risks of failure.

Full advance public disclosure can at least reduce the credibility of the claims of special interest groups that the deinstitutionalization plan is a precipitous and radical departure from long accepted service practices.

3. The Plan Must Demonstrate the Immediate Feasibility of Alternative Services for Absorbing Deinstitutionalized Child Populations

A high risk of immediate failure is created if the deinstitutionalization plan does not have within it a well thought out and immediately feasible plan for alternative services.

A first step in this matter is the calculation of the margin available in *existing* community services for absorbing deinstitutionalized children.

In all likelihood, that margin will be small, perhaps nonexistent, in some services.

Any service demands placed on communities as a result of deinstitutionalization that exceed these margins will risk producing one or more of three negative outcomes; namely,

1. Increased costs resulting from a need to expand existing services to meet increased demand;

2. Goal displacement in existing services, that is, a decline in services to existing clienteles in order to meet the needs of deinstitutionalized children; and/or

3. The exclusion of deinstitutionalized children from existing services in order to protect goals, programs, and clienteles, through tightening eligibility requirements and other measures.

It takes little imagination to conclude that the deinstitutionalization plan will be condemned at the community level if it produces results of this nature.

Moreover, the basis for reactionary public demands is provided by such outcomes.

It is quite possible that these results will be interpreted as a failure of the community service system, not a failure of the deinstitutionalization plan. Hence, one possibility would be an increased community demand for institutional services as a solution to community service system breakdown!

The calculation of margins in existing community services should then be integrated in an over all plan for using and expanding specific services, such as foster family care supplies, to meet the needs of specific child populations to be deinstitutionalized.

In order to avoid very high risks of negative consequences, deinstitutionalization should not exceed in numbers or speed the capacity for absorption set forth in the alternative services plan.

4. Because of All of These Factors, a Deinstitutionalization Plan Should be Designed for Step-Wise Gradual Implementation, Aiming First to Deinstitutionalize Children Whose Rights are Most in Jeopardy.

All things considered, immediate wholesale state deinstitutionalization cannot succeed.

A state could effect total deinstitutionalization through unilateral, precipitous action; a "sneak attack" on the public, if you will, that results in the release of children before the public has time to react.

The long range results of such an approach are predictable: Widespread negative consequences for children and communities, a reactionary response toward a worsening of existing services, and, eventually a general demand for an increase of institutional services.

A deinstitutionalization plan based on a child's rights rationale, dovetailed to a feasible plan for alternative services, and fully disclosed to the public in advance, would, in our estimate, hold the most promise for long-term successful outcomes.

Such a plan implemented in a step-wise, gradual manner would seek to deinstitutionalize children according to the standard of releasing children whose rights stand in greatest jeopardy.

Using as a standard a child's right to placement in the closest approximation of a natural family home consistent with his needs, groups of children could be released in phases as follow:

Phase I. Children whose *major* reason for being institutionalized is simply the lack of a natural family home, and all children having available natural family homes for whom no *major* developmental problem can be demonstrated.

Phase II. All children, with or without available natural family homes, who demonstrate developmental problems capable of being dealt with through existing community supportive services.

Phase III. All children, with or without available natural family homes whose developmental problems can be shown to be of such severe or specialized nature as to require the development or expansion of specialized community supportive services to meet such needs.

In such a step-wise plan provision should also be made for the continued institutionalization of children whose needs are of such a severe or specialized nature that they cannot be met in community-based placements.

This provision is not simply based on cost considerations. Rather, it is based on the state of our knowledge. In truth, we simply do not know how to provide for some severely problematic children to their benefit within the community context.

A step-wise plan of the sort set forth here will, of course, generate arguments among special interest groups--particularly child advocacy groups--about priorities.

In short, why release one group of children before another?

The defense against these arguments is built into the plan in terms of children's rights and feasibility of community absorption.

This plan, in effect, requires a state to show cause for institutionalization. If a state cannot show that a child is receiving a tangible developmental or rehabilitative benefit from an institutional placement, that child's right to a placement in nearest approximation to a natural family home is being violated.

Further, if the tangible developmental or rehabilitative benefit received in an institutional placement can be shown to be deliverable in equivalent fashion through existing community services, that same right is also being violated.

Designed in this way, the deinstitutionalization plan holds promise of gaining significant support from the child advocacy movement and delivering successful outcomes for children.

BIBLIOGRAPHY

Adler, J.
1971 "Interpersonal Relationships in Residential Treatment Centers for Disturbed Children." Child Welfare, 5(4)

Allerhand, M.
1958 "Selection of Cottage Personnel." Child Welfare, 37(10)

Allerhand, M.E.; Ruth E. Weber and Marie Haug
1966 Adaptation and Adaptability: The Bellefaire Follow Up Study. (New York: Child Welfare League of America).

Alt, H.
1953 "Responsibilities and Qualifications of the Child Care Worker." Amer. Journal of Orthopsychiatry, 23, p. 670
1960 Residential Treatment for the Disturbed Child. (New York: International Universities Press)
1964 "The Concept of Success in Residential Treatment - An Administrator's View." Child Welfare, Vol. 43(8) (October), p. 423.

Areen, Judith
1975 "Interaction Between Parent and Child: A Reappraisal of the State's Role in Child Neglect and Abuse Cases," The Georgetown Law Journal 63, pp. 887-937.

Arnhoff, F.N.
1975 "Social Consequences of Policy Toward Mental Illness" Science 188, June 27, pp 1,277-1,281.

Ashby, N.
1975 "The Boy Prison Walls Can't Hold", Today's Health, August, 1975, pp 46-49.

Argyris, C.
1973 "Some Limits of Rational Man Organizational Theory." Public Administration Review (May/June), 253-267.

Astor Home for Children
1963 What We Have Learned: A Report on the First 10 Years of the Astor Home, a Residential Treatment Center for Emotionally Disturbed Children. (New York: Astor Home for Children).

Aviram, U and S.P. Segal,
1973 "Exclusion of the Mentally Ill," Arch. Gen. Psychiatry 29 July, pp 126-131.

Bailer, I.
1961 "Conceptualization of Success and Failure in Mentally Retarded and Normal Children." Journal of Personality, 29, 303-326.

Baker, F.
1969 "An Open Systems Approach to the Study of Mental Hospitals in Transition," Community Mental Health Journal, Vol. 5(5).

Barker, R.
1951 One Boy's Day. (New York: Harper & Co.).

Bartolles, C.
1975 "Sisyphus in a Juvenile Institution", Social Work (3) 1975, pp 364-368.

Baxter, Edith S.
1964 "The Agency's Expectations from the Beginning Professional Worker." Child Welfare, 43(9), 76-79.

Behavior Today
1975 "Deinstitutionalization Halt Urged," February 24, p 399.

Beker, J. and Doris S. Herman
1972 "A Critical Appraisal of the California Differential Treatment Typology of Adolescent Offenders", Criminology (May).

Beller, E. K.
1959 "Direct and Inferential Observations in the Study of Children", American Journal of Orthopsychiatry, 29, 560-573.

Benjamin, Anne and H.E. Weatherly
1947 "Hospital Ward Treatment of Emotionally Disturbed Children." American Journal of Orthopsychiatry, 17(4) (October).

Bennis, W.G.
1965 "Theory and Method in Applying Behavioral Science to Planned Organizational Change." Applied Behavioral Sciences, 1(4), 337-360.

Berkshire Farm Institute for Research and Training
1967 Discussion Guide for a Step Toward Professionalism: A Dynamic Method for Training Child Care Workers. (New York: Columbia University Press).

Berman, S. P.
1961 "Some Lessons Learned in Developing a Residential Treatment Center." Child Welfare, 40(4)

Bettelheim, B.
1950 Love is Not Enough. (Glencoe, Ill.: The Free Press)

Bettelheim, B. and Emmy Sylvester
1948 "Therapeutic Milieu: For Emotional Disorders Due to Institutional Living." American Journal of Ortho-Psychiatry, 18(2), p. 191.

Bettelheim, B. and B. Wright
1955 "Staff Development in a Treatment Institution." American Journal of Orthopsychiatry, Vol. 35(4)

Blatt, B.
1973 Souls in Extremis, (Boston: Allyn and Bacon)

Blumenfield, W.S.
1971 "The Development of a Generalized Scale of Attitudes Toward Organizations as Places of Work." Atlanta Economic Review, 21(6), 22-29.

Bolman, W. M.
1969 "The Future of Residential Care for Children." Child Welfare, 48(5).

Bower, E.; R. Laurie; C. Struther, and R. Fetherland
1969 "Project Re-Ed: New Concepts for Helping Emotionally Disturbed Children: Evaluation by a Panel of Visitors." John F. Kennedy Center for Research on Education and Human Development, George Peabody College for Teachers, Nashville, Tenn.

Bowlby, J.
1952 Maternal Care and Mental Health 2nd ed. Monograph Series, No. 2 (Geneva: World Health Organization).

Boys' Residential Youth Center, New Haven, Connecticut,
1969 Final Report: Boys's Residential Youth Center Effect of Innovative, Supportive Services in Changing Attitudes of "High Risk" Youth

Breed, A. F. et. al
1972 A National Study of Youth Service Bureaus, publication No. SRS 73-26025, Social and Rehabilitation Services, DHEW, 359pp.

Breer, P.E. and E.A. Locke
1965 Task Experience as a Source of Attitudes. (Homewood, Ill.: The Dorsey Press).

Brown, Deborah
1969 "The Role of the Child Care Worker." Involvement, (Winter).

Brown, J.
1960 "Prognosis from Presenting Symptoms of Preschool Children with Atypical Development." American Journal of Orthopsychiatry. 30, 382-390

Brunstetter, R.W.
1969 "Status, Role and the Function of Supervision in the Residential Treatment Center for Children." Journal of the American Academy of Child Psychiatry, 8(2)

Burgess, J.; Nelson, H. Ronald and R. Wallhaus
1974 "Network Analysis as a Method for the Evaluation of Service Delivery Systems," Community Mental Health Journal 10(3)

Burke, W.W. and H.A. Hornstein
1972 The Social Technology of Organization Development. (Fairfax, Va.: NTL Training Resources Corp.).

Caldwell, Bettye M. and H.N. Ricutti (eds)
1974 Review of Child Development Research, Volume 3: Child Development and Social Policy. (Chicago: University of Chicago Press).

California State Assembly
1974 California Children, Who Cares? (Sacramento, Calif.: Assembly Office of Research).

Campbell, Barbara
1975 "Foster Homes: A Matter of Loving, But Not too Much" New York Times, October 26.

Campbell, D.T.
1970 "Considering the Case Against Experimental Evaluations of Social Innovations." Administrative Science Quarterly, 15(1), 110-113.

Campbell, D. T. and J. Stanley
1966 Experimental and Quasi-Experimental Designs for Research, (Chicago, Ill.: Rand McNally.)

Carpenter, K. S.
1963 "Halfway Houses for Delinquent Youth," Children, 10(6), 224-29.

Carter, Geneviene W., et al.
1973 Public Attitudes Toward Welfare: An Opinion Poll. (Los Angeles: Regional Research Institute in Social Welfare).

Caudill, W.
1958 The Psychiatric Hospital as a Small Society. (Cambridge, Mass.: Harvard University Press.)

Child Welfare League of America
1972 From Chaos to Order: A Collective View of the Residential Treatment of Children. Compiled by members of the American Ass'n. for Children's Residential Centers. (New York: Child Welfare League of America).

1975 Using Title XX to Serve Children and Youth

Coelho, G. and E.A. Rubinstein (eds.)
1972 Social Change and Human Behavior. (Washington, D.C.: NIMH, DHEW Publication).

Coleman, J.S.
1970 "Social Inventions." Social Forces, 49(2), 163-173.

Comrey, A.L., et al.
1973 A Sourcebook for Mental Health Measures. (Los Angeles: Human Interaction Research Institute).

Coopersmith, S.
1967 The Antecedents of Self-Esteem. (San Francisco: W.H. Freeman Co.).

Davids, A; R. Ryan, and P. Salvatore
1968 "Effectiveness of Residential Treatment." American Journal of Orthopsychiatry 38 (April): 469-75.

Davis, H.R. and Susan Salasin
1974 "Short Fall: What Next for the Evaluation." Evaluation, Special Issue (Spring), 59-61.

Dembitz, Nanette
1974 "Justice for Children--for Now and for the Future," American Bar Association Journal 60 (May) pp 588-591.

Desroches, H., et. al.
1968 "The Effects of Institutionalization on Various Psychological Measures: A Summary of Test Findings," Report of Psychological Research: Effects of Institutionalization, V.A. Center, Johnson City, Tenn., No. 16 (April) pp. 9-14

Dibner, A.S. and Susan S. Dibner
1971 "Integration or Segregation of Deviants? The Physically Handicapped Child." Community Mental Health Journal, 7(3)

Diggle, Mary W.
1970 "The Child Care Counselor: New Therapist in Children's Institutions." Child Welfare, 49.

Dinnage, Rosemary and M.L. Pringle
1967 Residential Child Care: Facts and Fallacies. (New York: Humanities Press).

District of Columbia, Department of Human Resources
1974 Children The Resource of the Future: A Comprehensive Child Care Plan, November

Dodge, J.
"SOS Children's Villages Throughout the World: Substitute or Superior Service?" Child Welfare, 51(6), 344-351.

Dowling, S.
1975 "Treatment in Cottage Programs for Children with Severe Development Disturbances," Child Welfare, 54(6) pp. 395-405

Durkin, R.
1967 "Social Function of Psychological Interpretations," American Journal of Orthopsychiatry, 37, 956-962.
1972 "Personality and Milieu: A Theory of Social Influence," Unpublished manuscript.
1974 "A Model for a Summer Camp and Follow-up Program for Poverty and/or Disturbed Teenagers.", Unpublished manuscript.
1974 "Evaluating Residential Treatment Programs for Disturbed Children." Mimeograph, pp 130.

Eaton, L. and F. Menalascino.
1967 "Psychotic Reactions of Childhood: A Follow-Up Study." American Journal of Orthopsychiatry, 37, 521-529.

Edinger, Hanni B.
1970 "Reuniting Children and Parents through Casework and Group Work," Children, 17(5) (September-October), 183-87.

Edward, Joyce
1967 "Extending a Hand to Parents of Disturbed Children," Children, 14(6) (November-December), 238-43.

Eisenberg, L.
1956 "The Austistic Child in Adolescence." American Journal of Psychiatry, 112, 607-612.
1957 "The Course of Childhood Schizophrenia," Archives of Neurology and Psychiatry, 78, 69-83.

Elias, A.
1968 "Group Treatment Program for Juvenile Delinquents," Child Welfare, 47(5), 282-290.

Ellis, L.
1972 "Sharing Parents with Strangers: The Role of the Group Home Foster Family's Own Children." Child Welfare, 51(3), 165-170.

Ellsworth, R.B.; Leslie Foster; B. Childers; G. Arthur and D. Kroeker
1968 "Hospital & Community Adjustment as Perceived by Psychiatric Patients, Their Families and Staff," Journal of Consulting and Chinical Psychology, 32, No. 5, Part 2, (Monograph Supplement).

Empey, L.T.
1968 Alternatives to Incarceration (Washington, D.C.: U.S. Government Printing Office) 88pp.

Epperson, Jan Ann
1967 "A Pilot Project in House Parent Training at the University of Tennessee School of Social Work: Report and Critique." Child Welfare, 46(10), 385-590.

Etzioni, A.
1960 "Two Approaches to Organizational Analysis: A Critique and a Suggestion." Administrative Science Quarterly, 5, p. 257-278.
1972 "Human Beings Are Not Very Easy to Change Afterall." Saturday Review (June 3), 45-49.

Etzioni, A. and R. Remp
1972 "Technological 'Shortcuts' to Social Change." Science, 175, 31-38.

Falding, H.
1962 "Functional Analysis in Sociology" in Social Systems Perspectives in Residential Institutions, in Polsky H., Claster, D., Goldberg, C., (eds.) (Michigan State University Press, East Lansing, Michigan, 1970.)

Fanshel, D.
1966 "Child Welfare," In Five Fields of Social Service: Reviews of Research, Henry S. Mass, (ed.), pp. 85-143, (New York: National Association of Social Workers.)

Fanshel, D. and E. Shinn
1972 Dollars and Sense in the Foster Care of Children. (New York: Child Welfare League of America).

Feeney, G.M.
1973 "The Use of Feedback to Improve the Operation of Residential Treatment Settings." *International Journal of Mental Health*, 2(2), 81-93.

Fink, A.E.
1971 "Changing Philosophies and Practices in North Carolina Orphanages." *North Carolina Historical Review*, 48(4), 333-358.

Flanagan, J.C.
1971 "Evaluation and Validation of Research Data in Primary Prevention." *American Journal of Ortho-Psychiatry*, 41(1), 117-123.

Forehand, G.A. and B.H. Gilmer
1964 "Environmental Variation in Studies of Organizational Behavior." *Psychology Bulletin*, 62(6), 361-382.

Fraiberg, Selma
1956 "Some Aspects of Residential Casework with Children." *Social Casework*, 37(4), p. 159.

Ganter, G., M. Yearkel, and N. Polansky
1968 *Retrieval from Limbo*, (New York: Child Welfare League of America).

Garber, B.
1972 *Follow-Up Study of Hospitalized Adolescents*, (New York: Brunner/Mazel)

Georgia Department of Human Resources, Division of Community Services
1963 *Minimum Requirements and Desirable Standards for Child Caring Institutions*. Atlanta, Georgia, 21pp.
1974 "Proposed Minimum Requirements for Child Caring Institutions." Mimeograph, 20pp.

Gershenson, C.P.
1956 "Residential Treatment of Children: Research Problems and Possibilities." *Social Service Review*, 30, 268-275.

Gibson, F.K. and C.E. Teasley
1973 "The Humanistic Model of Organizational Motivation: A Review of Research Support." *Public Administration Review*, 33(1), 89-96.

Girls Residential Treatment Center
1970 Final Report and Evaluation, Girls' Residential Youth Center, Portland, Maine, March, 1970;

Glaser, E.M.
1974 Facilitation of Knowledge Utilization by Institutions for Child Development. (Los Angeles: Human Interaction Research Institute), 136pp.

Glueck, E. and S. Glueck
1968 Unravelling Juvenile Delinquency, (Cambridge, Mass.: Harvard University Press.)

Goffman, E.
1969 Asylums. (New York: Doubleday).

Goldenberg, I.
1971 Build Me a Mountain, (Cambridge: MIT Press.)

Goldstein, J., Anna Freud and A.J. Solnit
1973 Beyond the Best Interests of the Child. (New York: The Free Press).

Gonzales, P.
1974 "On the Outside Looking Back," Parks and Recreation, September

Gorsuch, R.L., R.P. Henighan, and Caroline Barnard
1972 "Locus of Control: An Example of Dangers in Using Children's Scales with Children." Child Development, 43, 579-590.

Gottesfeld, H.
1970 In Loco Parentis: A Study of Perceived Role Values in Foster Home Care. (New York: Jewish Child Care Association)

Greenblatt, M., et al.
1971 Dynamics of Institutional Change: The Hospital in Transition. (Pittsburgh: University of Pittsburgh Press).

Grosser, C.F.
1968 *Helping Youth: A Study of Six Community Organization Programs* (Washington, D.C.: U.S. Government Printing Office) 72pp

Gula, M.
1964 "Group Homes--New and Differentiated Tools in Child Welfare, Delinquency and Mental Health." *Child Welfare*, Vol. 43, No. 8 (October).
1965 *Agency Operated Group Homes: A Casebook*. (Children's Bureau: Washington, D.C.).
1970 "What's Ahead in Residential Group Care for Children." *The Forum for Residential Therapy*, 2(3), 195ff.
1974 "Community Services and Residential Institutions for Children." *Children Today*, 3(6), 15-17.

Hadley, A.R.
1971 "Forgotten Children," *Public Welfare*, (Spring), 171-74.

Hage, J. and M.A. Aiken
1970 *Social Change in Complex Organizations*. (New York: Random House).

Hall, D.A.
1971 "Involvement of Parents after Court Termination of Custody of Children as Related to Support Order," *Public Welfare*, (Spring), 175-180.

Handler, Ellen
1975 "Residential Treatment Programs for Juvenile Delinquents," *Social Work*, (3), p. 221.

Halpert, H.P.; W.J. Horvath; and J.P.Young
An Administrations Handbook on the Application of Operations Research to the Management of Mental Health Systems. (National Clearing House for Mental Health Information: National Institute of Mental Health).

Halpin, A.W.; J.B. Kenney; and A.E. Hayes
1969 Project Development Proposal for Improvement of Staff in Institutions for Delinquent Children. Athens, Georgia: University of Georgia, Final Report, USOE, DHEW, Project No. 204043, 48.

Harmon, M.M.
1974 "Social Equity and Organizational Man: Motivations and Organizational Democracy," Public Administration Review, 34(1), pp. 4-18

Harris, C. (ed)
1967 Problems in Measuring Change. (Madison, Wisconsin: University of Wisconsin Press).

Harrison, S.I., et al.
1969 "Residential Treatment of Children." Journal of the American Academy of Child Psychiatry, 8(3)

Hart, D.K.
1974 "Social Equity, Justice and the Equitable Administration," Public Administration Review, 34(1), pp. 3-11

Harvey, D.C.
1964 "From a State Hospital to a Children's Institution," Children, 11(4) (July-August).

Heilman, Joan R.
1974 "A Different Kind of Dream House" Good Housekeeping, August, p 38ff.

Heiting, K.H.
1971 "Involving Parents in Residential Treatment of Children." Children, 18(5), 163-167.

Henry, J.
1957 "Types of institutional Structures." Psychiatry, 20, 47-60.

Hernstein, N.
1975 "The Challenge of Evaluation in Residential Treatment," Child Welfare, 54(3), p. 143.

Heston, L.L., et. al.
1966 "The Adult Adjustment of Persons Institutionalized as Children." British Journal of Psychiatry, Vol. 112.

Hirschi, T. and S. Hanon
1967 Delinquency Research, (Glen Cove, Ill: The Free Press.)

Hobbs, N.
1964 "The Process of Reeducation," A paper delivered at the first Annual workshop for the staff of Project Re-Ed., in Gatlingburg, Tenn., (September 1, 1963).
1966 "Helping Disturbed Children: Psychological and Ecological Strategies, American Psychologist, 21, p. 1105-1115.
1975 The Futures of Children: Categories, Labels, & Their Consequences (San Francisco: Jossey-Boss, 1975) esp. ch. 5 and ch.6.

Hoffman, Mary Ellen,
1963 "Problems of Identity in Foster Children," Child Welfare, 42(1), 10-17.

Holder, Constance
1973 "Mental Health: Establishment Balks at Innovative Psychiatrist," Science (181), August 17, pp. 638-640.

Holland, T.P.
1973 "Organizational Structure and Institutional Care." Journal of Health and Social Behavior, 14(3), 241-251.

Houghton, W.E.
1957 The Victorian Frame of Mind, (New Haven: Yale University Press)

Hromadka, V.G.
1964 "European Concept of Child Care and What We Can Learn From It." Child Welfare, 43(8), (October).

Hyman, H.; C. Wright and T. Hopkins
1962 Applications of Methods of Evaluation. (The University of California Press: Berkeley, California.)

Inglis, Dorothy
1964 "Authority and Reality in Residential Treatment." *Child Welfare*, 43(6), (June).

Irwin, J.M.
1967 "Child Handling: In-Service Instruction in an Institution." *Catholic Charities Review*, 51(7), 3-8.

Jaffe, E.D.
1969 "Effects of Institutionalization on Adolescent Dependent Children." *Child Welfare*, 48, 64-71.

Jenkins, Shirley
1967 "Filial Deprivation in Parents of Children in Foster Care," *Children*, 14(1), (January-February), 8-12.

Jenkins, Shirley and Elain Norman
1964 "Families of Children in Foster Care," *Children*, 15(4), (July-August), 155-59.

Jenks, R.S.
1972 "An Action-Research Approach to Organizational Change." in *The Technology of Organization Development*, W.W. Burke and H.A. Hornstein (eds) (Fairfax, Va.: NTL Learning Resources Corp.), 255-269.

Johnson, F.M.
1975 "Court Decisions and the Social Services," *Social Work*, 20(5), 343-347.

Johnson, Lillian and J Reid
1947 *An Evaluation of Ten Years Work With Emotionally Disturbed Children* (Seattle: Ryder Child Center).

Johnson, O.G. and J.W. Bommareto
1971 *Tests and Measurements in Child Development: A Handbook*. (San Francisco: Jossey-Bass).

Jones, L. H.
1970 "How Time and Cost Analysis Can Be Used to Improve Agency Management." *Child Welfare*, 49(7), (July).

Judicial Conference of the State of New York. Office of Children's Services Juvenile Injustice, (N.Y.: Judicial Conference of the State of New York) p 68ff.

Kadushin, A.
1973 "Institutions for Dependent and Neglect Children." in Child Caring: Social Policy and the Institution, D.M. Pappenfort, Dee Morgan Kilpatrick, and R.W. Roberts (eds) (Chicago: Aldine), 145-176.

Kahn, A., et al.
1973 Child Advocacy (Washington, D.C.: U.S. Government Printing Office).

Kanton, S.
1975 "Interstate Business: Troubled Youngsters," The Washington Post, September 21.

Katz, D.
1964 "The Motivational Basis of Organizational Behavior." Behavior Science, 134-146.

Keith-Lucas, A.
1970 "The Church Children's Home in a Changing World." Tennessee Public Welfare Record, 33(4), 84ff.

Keller, O.J. and B.S. Alpen
1970 Halfway Houses (Boston: Lexington Books)

Keller, R.C.
1973 "Issues in the Residential Treatment of Children of Military Personnel," Child Welfare, 52(1), 1973, p. 26-32.

Kelley, F.J. and D.J. Baer
1968 "Outward Bound Schools as an Alternative to Institutionalization for Adolescent Delinquent Boys," Mimeo.

Kentucky Department of Child Welfare
1972 "Data Collection and Evaluation System for Non-State Public and Voluntary Child Caring Facilities and Child Placing Agencies Licensed by the Kentucky Department of Child Welfare." Mimeo (September), 19 pp.

Kerlinger, F.N.
1964 Foundations of Behavioral Research. (New York: Holt, Rinehart and Winston, Inc.).

Kittrie, N.N.
1971 The Right to Be Different (Baltimore, Md: John Hopkins Press)

Kline, D. and H.M.F. Overstreet
1972 Foster Care of Children: Nuture and Treatment. (New York: Columbia University Press).

Knight, R.M.
1963 "Test Anxiety and Defensiveness in Institutionalized and Noninstitutionalized Normal and Retarded Children." Child Development, 34, 1019-1026.

Koshel, J.
1972 "Deinstitutionalization - Dependent and Neglected Children." Working Paper 963-7A (Washington, D.C.: The Urban Institute).
1973 "Deinstitutionalization - Delinquent Children." Working Paper 963-15, (Washington, D.C.: The Urban Institute).

Kraus, J.
1971 "Predicting Success of Foster Placements for School-Age Children," Social Work, 16(1) (January), pp. 63-72.

Lackey, H.
1973 "The Effects of the Presence of Natural Children Upon Cottage Parents and Institutionalized Dependent Children." Unpublished Doctoral Dissertation, University of Georgia.

Lasch, C.
1965 The New American Radicalism in America 1889-1963, (New York: Alfred A. Knoff Co.)

Lefcourt, H.M.
1966 "Internal versus External Control of Reinforcement: A Review." Psychological Bulletin, 65, 206-220.

Lerman, P. "Evaluative Studies of Institutions for Delinquents: Implications for Research and Policy" Social Work 13(3) 55-64.

Levine, A.
1968 "Cost Benefit Analysis and Social Welfare Program Evaluation," *Social Service Review*, 42(2) (June), p. 176.

Levine, R.S.
1975 "Foundations for Drafting a Model Statute to Terminate Parental Rights: A Select Bibliography," *Juvenile Justice*, August, 42-56

Levine, S. and P.E. White
1961 "Exchange as a Conceptual Framework for the Study of Interorganizational Relationships." *Administrative Science Quarterly*.

Likert, K.
1967 *The Human Organization: Its Management and Value.* (New York: McGraw-Hill).

Lippitt, G.L.
1973 *Visualizing Change: Model Building and the Change Process*. (Fairfax, Va.: NTL Learning Resources Corporation).

Lutheran Council, Division of Welfare Services
1972 "A perspective on Residential Child Care Programs." Prepared by Dorothy E. Mundt and H.J. Whiting. *Child Welfare*, 51(1), 30-37.

Lyden, F.J. and L.K. Lee
1973 "Evaluating Program Change." *Social Work*, 18(2), 87-94.

Maas, H.S.
1969 "Children in Long-Term Foster Care," *Child Welfare*, 48(6)

Maas, H.S. and R. Engler
1959 *Children in Need of Parents*. (New York: Columbia University Press)

Maier, H.W.
1975 "Learning to Learn and Living to Live in Residential Treatment." *Child Welfare*, 54(6), 406-420.

Maluccio, A.N.
1973 "Foster Family Care Revisited: Problems and Prospects," *Public Welfare*, 31(2), pp. 12-17.
1974 "Residential Treatment of Disturbed Children: A Study of Service Delivery," *Child Welfare*, 53(4) 225-235.

Maluccio, A.N. and Wilma D. Marlow
1972 "Residential Treatment of Emotionally Disturbed Children: A Review of the Literature." *Social Service Review*, 46, 230-250.

Marler, D.C. and Straight, E.M.
1965 "Evaluation of the Week-End Hospital Program." *Diseases of the Nervous System*, 26, (January-December).

Matsushima, J.
1964 "Communication and Cottage Parent Supervision in a Residential Treatment Center." *Child Welfare*, 43(10), 529-535.

May, H.F.
1964 *The End of American Innocence*, (Chicago: Quadrangle)

Mayer, Anne B.
1966 "Training Child Care Supervisors." *Child Welfare*, 45(1), 388-403.

Mayer, M.F.
1965 "Differential Education and In-Service Training for Child Care Workers." *Child Welfare*, 44(5), 252-261.

Mayer, M. and A. Blum (eds)
1971 *Healing Through Living*, (Springfield, Ill: Charles C. Thomas.)

Mayer, M.F. and J. Matsushima
1969 "Training for Child Care Work: A Report on a National Conference." *Child Welfare*, 48(9), 525-532.

McCord, J., *et al*,
1960 "The Effects of Foster Home Placement in the Prevention of Adult Anti-social Behavior," *Social Service Review*, 34(4), 415-420.

McGregor, E.B.
1974 "Social Equity and the Public Service," Public Administration Review, 34(1), 18-28

Mech, E.V.
1975 Delinquency Prevention: A Program Review of Intervention Approaches, Regional Research Institute for Human Services, Portland State University.

Meier, E.
1965 "Current Circumstances of Former Foster Children," Child Welfare, 44(4), 196-206.

Meisels, J. and M.B. Loeb
1956 "Unanswered Questions About Foster Care," The Social Service Review, 30(3)

Meyer, Margrit
1969 "Family Ties and the Institutional Child." Children, 22(6), 226ff.

Meyer, Margrit; E.E. Odum and Bernice S. Wax
1973 "Birth & Life of an Incentive System in a Residential Institution for Adolescents," Child Welfare, 52(8) 503-509.

Miele, J.A.
1967 "Increasing the Effectiveness of Child Care Workers." Catholic Charities Review, 51(5), 4-10.

Miller, E.G. and A.K. Rice
1967 "Systems of Organization," Tavistock pamphlet number 3, London, England.

Miller, L. and J. Muthard
1963 "Job Satisfaction and Counselor Performance in State Rehabilitation Agencies." Journal of Applied Psychology, 49(4), 280-283.

Michigan
1970 Michigan Child Custody Act of 1970, [M.S.A. 25.312 (1)]

Mnookin, R.H.
1973 "Foster Care--In Whose Best Interests," Harvard Educational Review, 43(4).

Monkman, M.
1972 *A Milieu Therapy Program for Behaviorally Disturbed Children*, (Springfield, Ill.: Charles C. Thomas).

Mora, G., *et al.*
1969 "A Residential Treatment Center Moves Toward the Community Mental Health Model." *Child Welfare*, 48(10), 585-590.

Moss, S.Z.
1966 "How Children Feel about Being Placed Away from Home," *Children*, 13(4) (July-August), 153-57.
1968 "Integration of the Family into the Child Placement Process," *Children*, 15(6) (November-December), 219-223.

Mouzelio, N.
1967 *Organization and Bureaucracy*. (Chicago: Aldine).

Murphy, H.B.M.
1964 "Foster Home Variables and Adult Outcomes," *Mental Hygiene*, Vol. 48, 587-99.
1968 "Predicting Duration of Foster Care," *Child Welfare*, 48(2) (February), 1968, 76-84.

Murphy, Lois B.
1963 "Problems in Recognizing Emotional Disturbance in Children," *Child Welfare*, 43, 473-487.

Nash, Arlene L.
1974 "Reflections on Interstate Adoptions," *Children Today*, 3(4) 1974

National Council of Jewish Women
1972 *Justice for Children* (New York: National Council of Jewish Women, April, 1972) pp. 101.

Nelson, R.H.; M.J. Singer, and L.O. Johnsen
1973 "Community Considerations in the Evaluation of a Children's Residential Treatment Center," Proceedings, 81st Annual Convention, APA, pps. 951-952.
1974 "The Application of a Residential Treatment Evaluation Model," (Unpublished paper).

Nowicki, S.
"Selected Bibliography of Studies Utilizing Various Forms of the Nowicki-Strickland Scale." Mimeograph, 8 pp.

Nowicki, S. and Bonnie Strickland
1973 "A Locus of Control Scale for Children." *Journal of Consulting and Clinical Psychology*, 40, 153-158.

Ohlin, L.; R. Coates and A. Miller
1974 "Radical Correctional Reform: A Case Study of the Massachusetts Youth Correctional System," *Harvard Educational Review*, Vol. 44, 74-111.

O'Neil, C.F.
1969 "Working with Families of Delinquent Boys," *Children*, 16(5), (September-October), pp. 198-202.

Orlans, H.
1971 "The Political Uses of Social Research." *Annals of Political and Social Science*, 394 (March), 28-35.

Osgood, Constance, *et al*.
1974 *State of the Art: Foster Family*, Kansas City, Institute for Community Studies, December, 1974 Mimeo

Ottlin, L.E.
1973 "Institutions for Predelinquent or Delinquent Children." *In Child Caring: Social Policy and the Institution*, D.M. Pappenfort, Dee Morgan Kilpatrick, and R.W. Roberts (eds) (Chicago; Aldine), 177-199.

Papo, Beatrice C.
1966 "Visiting Parents Program--An Evaluation of a Program Used in Casework in a Children's Institution." *Child Welfare*, 45(10) (December).

Pappenfort, D.M.; Adelaide Dinwoodie and Dee Morgan Kilpatrick
1968 *Population of Children's Residential Institutions in the United States*. (Chicago: Center for Urban Studies, University of Chicago.)

Pappenfort, D.M. and Dee Morgan Kilpatrick
1970 A Census of Children's Residential Institutions in the United States, Puerto Rico, and the Virgin Islands: 1966: Volume 1, Social Service Monographs, The School of Social Service Administration, University of Chicago.

Pappenfort, D.M.; Dee Morgan Kilpatrick; R. Roberts (eds.)
1973 Child Caring: Social Policy and The Institution. (Chicago: Aldine Publishing, Co.).

Parker, R.A.
1966 Decisions in Child Care: A Study of Prediction in Fostering. (London: Allen and Unwin)

Pearson, J.W.
1970 "A Differential Use of Group Homes for Delinquent Boys." Children, 17(4).

Pennsylvania Association of Children's Institutions
1971 A Report on Institutional Child Care in Pennsylvania. (Harrisburg, Pa.: PACI).

Perkins, R.A., et.al.
1974 Deinstitutionalization Project: Final Report, Division of Mental Retardation, Louisiana Health & Human Resources Administration, May.

Piliavin, I.
1963 "Conflict Between Cottage Parents and Caseworkers." Social Service Review, 37, 17-25.

Player vs Alabama Department of Pensions and Securities, Civil Action 3835-N
1972 U.S. District Court, Middle District of Alabama.

Polansky, N.A., et al.
1975 Profiles of Neglect, Social and Rehabilitation Service, DHEW, pp. 57.

Pollack, M.; Levenstein, S. and Klein, D.
1968 A Three Year Posthospital Follow-Up of Adolescent and Adult Schizophrenics," American Journal of Orthopsychiatry, Vol. 38, p. 94-109.

Pollier, Justine Wise
1975 "The Future of the Juvenile Court," Juvenile Justice, May.

Polsky, H.W.
1962 Cottage Six: The Social Systems of Delinquent Boys in Residential Treatment. (New York: Russell Sage Foundation).
1970 "Changing Delinquent Subcultrues: A Social Psychological Approach," in Social Systems Perspectives in Residential Institutions, Polsky, H.W.; D.S. Claster, and C. Goldberg (eds.) (East Lansing, Michigan State Press) pps. 683-699.

Polsky, H.W.; D.S. Claster, and C. Goldberg (eds.)
1970 Social Systems Perspectives in Residential Institutions. East Lansing: Michigan State University.

Polsky, H. and D. Claster
1968 The Dynamics of Residential Treatment: A Social System Analysis. (Chapel Hill: University of North Carolina Press).

Polsky, H. and M. Kohn
1959 "Participant Observation in a Delinquent Subculture." American Journal of Orthopsychiatry, 29:737 (October).

Pond, Ester M.
1970 The Los Angeles Community Delinquency Control Project: An Experiment in the Rehabilitation of Delinquents in an Urban Community, California Youth Authority Report No. 60, (September).

Porter, D.C. and Teddie W. Porter
1974 "Social Equity and Fiscal Federalism," Public Administration Review, 34(1), 36-42.

Pringle, M.L. et al.
1966 11,000 Seven-Year-Olds. (London: Longmans in association with the National Bureau for Co-operation in Child Care)

Redick, R.
1969 "Residential Treatment Centers for Emotionally Disturbed Children." Statistical Note 11. NIMH, OPPE, November).

Redl, F.
1958 "The Meaning of 'Therapeutic Milieu'." in Synposium on Preventative and Social Psychiatry (April 15-17), Walter Reed Army Institution of Research (Washington, D.C.: U.S. Government Printing Office).
1959 "Strategy and Techniques of the Life Space Interview." American Journal of Orthopsychiatry, 29, (January) 1-18.

Redl, F. and G.W. Robinson
1956 "Child Psychiatry: Hospital Aspects." Mental Hospitals, 7, 38-41.

Redl, F. and D. Wineman
1951 Children who Hate: The Disorganization and Breakdown of Behavior Controls. (Glencoe, Ill: Free Press.)

Reid, Joseph H.; and Helen R. Hagan
1952 Residential Treatment of Emotionally Disturbed Children. (New York: Child Welfare League of America.)

Rieken,H.W.
1952 The Volunteer Work Camp: A Psychological Evaluation, (Cambridge, Mass.: Addison-Wesley.)

Rieger, N. and A. Devries
1974 "The Child Mental Health Specialist A New Profession," American Journal of Orthopsychiatry, Vol. 44, pp. 150-58.

Roen, S.R. and A.J. Burns
1968 Community Adaptation Schedule, (New York: Behavioral Publications, Inc.)

Rosenhan, D.L.
1973 "On Being Sane in Insane Places." Science, 179(1), 250-258.

Rothman, D.J.
1971 The Discovery of the Asylum, (Boston: Little, Brown & Co.)

Rothman, J.
1971 Promoting Social Justice in the Multigroup Society, (New York: Association Press).

Rotter, J.B.
1966 "Generalize Expectancies for Internal versus External Control of Reinforcement." Psychological Monographs, 80 (Whole Issue No. 609).

Rubin, E.Z. and C.B. Simson
1960 "A Special Class Program for the Emotional Disturbed Child in School: A Proposal." American Journal of Orthopsychiatry, 30 (1) pp. 144-153.

Russell, K.R.
1970 "Innovations in Providing Community Oriented Institutional Care of Emotionally Disturbed Children." Community Mental Health, 285-286

Ryan, Sally (ed)
1974 A Report on Longitudinal Evaluations of Pre-school Programs Vol. I: Longitudinal Evaluations, DHEW publication No. (OHD)

Salasin, Susan
1973 "Experimentation Revisited: A Conversation with Donald T. Campbell." Evaluation, 1(3), 7-13.

Sattler, J.M. and B.W. Leppla
1969 "A Survey of the Need for Children's Mental Health Facilities." Mental Hygiene. 54(4), 643-645.

Schaefer, C.E.
1972 "Residential Treatment: A View from the Child." *Child Care Quarterly*, 1(3), 173ff.

Schaefer, E.S. and R.Q. Bell
1958 "Development of a Parental Attitude Research Instrument." *Child Development*, 29(3), 339-361.

Schaub, Elisabeth
1972 "Community Oriented Care." Regional Institute of Social Welfare Research, Athens, Georgia, Working Paper No. 3, Mimeograph, 13.
1974 "Influences on Agency Board Members' Preference about Organizational Change." Unpublished Doctoral Dissertation, Catholic University.

Schmidt, J.R.; J.J. Nessell and T.J. Malamud
1969 *An Evaluation of Rehabilitation Services and the Role of Industry in the Community Adjustment of Psychiatric Patients Following Hospitalization*. (New York: Foundation House Foundation, Inc.).

Schrager, J.
1954 "A Focus for Supervision of Residential Staff in a Treatment Institution." *Bulletin of the Menninger Clinic*, 18 (March)

Schulber, H.C. and F. Baker
1968 "Program Evaluation Models and the Implementation of Research Findings, "*American Journal of Public Health*, 58(7)

Schulberg, H., A. Sheldon and F. Baker
1969 *Program Evaluation in the Health Fields*, (New York: Behavioral Publications).

Schulman, R.
1975 "Examples of Adolescent Group Home in Alliance with Larger Institutions" *Child Welfare*, 54(5)

Seashore, S.E.
1964 "Field Experiments with Formal Organizations." *Human Organizations*, 23, 164-170.

Seidl, F.W.
1972 "A Strategy of Change in Residential Care." Working Paper No. 2, Mimeograph (Athens, Ga.: Regional Institute of Social Welfare Research), 26.
1974 "A Community Oriented Residential Care: The State of the Art." *Child Care Quarterly*, 3(3), 150-163.

Seitz, M.
1966 "The Use of Group Methods to Train Professional and Child Care Staff." *Child Welfare*, 45(5), 269-277.

Sharkansky, I.
1957 "Government Expenditures and Public Services in the American States" *American Political Science Review*, 61(4), 1066-77.

Sheldon, A. and F. Baker
1970 *Systems of Medical Care*, (Cambridge, Mass.: MIT, press.)

Shyne, Ann W.
1973 "Research on Child Caring Institutions." in *Child Caring: Social Policy and the Institution*, D.M. Pappenfort, Dee Morgan Kilpatrick, and R.W. Roberts (eds) (Chicago: Aldine), 107-141.

Silver, H.
1961 "The Residential Treatment of Emotionally Disturbed Children: An Evaluation of 15 years' Experience." (Hawthorne Cedar Knolls, Hawthorne, N.Y., and Bellefaire, Cleveland, Ohio) *Journal of Jewish Communal Service*, Vol. 38, No. 2 (Winter).

Silverman, D.
1971 *The Theory of Organizations*, (New York: Basic Books)

Simon, A.J. and C.P. Gershenson
1956 "Residential Treatment of Children: Unanswered Questions," *Social Service Review*, 30(3) 26ff.

Simon, H.A.
1973 "Applying Information Technology to Organization Design." *Public Administration Review*, (May/June), 268-277.

Snyder, Phyllis R.
1965 "Co-ordinating Residential and Community Treatment of Delinquent Girls," Social Casework (January), 10-15.

Speer, D.C.
1966 "Some Guidelines in the Selection of Day Care Personnel." Child Welfare, 48(10), 584-592.

Spitz, R.A.
1965 The First Year of Life (New York: International Universities Press)

Stanton, F. and S. Schwartz
1954 The Mental Hospital, (New York: Basic Books).

Sternback, J. and A. Pineus
1970 "Differences in Perception of the Group by Cottage Parents and Social Workers." Child Welfare, 44(6).

Street, D.; R.D. Vinter and C. Perrow
1966 Organization for Treatment: A Comparative Study of Institutions for Delinquents. (New York: Free Press.)

Suchman, E.
1968 Evaluative Research: Principles and Practice in Public Service and Social Action Programs, (New York: Russell Sage Foundation.)

Taylor, Delores and S. Alpert
1973 Continuity and Support Following Residential Treatment. (New York: Child Welfare League of America).

Taylor, Hasseltine B.
1966 "Guardianship or 'Permanent Placement for Children'." in J. Ten Broek (ed) The Law of the Poor (San Francisco: Chandler), 417-423.

Taylor, S.H.
1973 "Institutions with Therapeutic Residential Programs for Children." in Child Caring: Social Policy and the Institution, D.M. Pappenfort, Dee Morgan Kilpatrick and R.W. Roberts (eds.) (Chicago: Aldine), 200-225.

Thomas, G.
1968 Analysis of the Evaluation Effectiveness Guide Research Report, DCY, Wisconsin Dept. of Health & Social Services, Madison, Wisconsin.
1973 A Baseline Evaluation of Child Caring Institutions in Georgia. (Athens, Ga.: Regional Institute of Social Welfare Research, Monograph), 11.
1973 "The Impact of Staff Orientations on Child Performance in Centralized and Decentralized Children's Institutions." Paper presented at the NCSW, Atlantic City, N.J. (May), Mimeograph, 9.
1974 "Social Justice: The Cornerstone of Treatment in Children's Institutions." Mimeograph, 25.
1975 A Community Oriented Evaluation of the Effectiveness of Child Caring Institutions (Athens, Ga.: Regional Institute of Social Welfare Research, 304pp.

Trieschman, A.E.; J.K. Whittaker and L.K. Brendtro
1969 The Other 23 Hours, (Chicago: Aldine Publishing Co.)

Trotter, R.J.
1975 "Open Sesame: The Institution and Mental Institutions," Science News, 108, July 12.

Turner, E.K.
1973 "Should Adoptive Parents be Charged a Fee?," Children Today 2(6) 18-21.

U.S. Department of Commerce
1967 Technological Innovation: Its Environment and Management. (Washington, D.C.: Government Printing Office).

U.S. Department of Health, Education, and Welfare
1973 Children Served by Public Welfare Agencies and Institutions. NCSS Report E-9, 5RS 73-03258 (March).
1974 HEW Newsletter: Special Report.
Model Termination of Parental Rights Statute, Office of Child Development, Mimeo, Draft.
1975 Model State Subsidized Adoption Act and Regulations,

Office of Child Development, DHEW Publication NO. (OHD) 76-30010.
1975 Federal Regulations for Social Service Programs for Individuals and Families, Part II, Social and Rehabilitation Services, DHEW, as posted in the Federal Register, 40(125), June 27, 1975, 228.41

U.S. Department of Labor
1971 "Residential Care Enterprises Under the Fair Labor Standards Act." (Washington, D.C.: WH Publication), 12.

U.S. News and World Report
1975 "Emptying the Mental Wards: New Treatment Stirs a Controversy," February 24, 71-73.

Villa Loretta School,
1969 Project Report, Reform: Use of Residential Programs to Provide Social and Vocational Adjustments for Adolescent Girls, Villa Loretta School, Peeksville, N.Y., February

Vinter, R.D. and M. Janowitz
1959 "Effective Institutions for Juvenile Delinquents: A Research Statement." Social Service Review, 33.

Vinter, R.D.
1963 "The Analysis of Treatment Organizations." Mimeo (January), 25.

Wahler, H.J.
1972 Re-Entry into Community Opportunities, Vocations, Education, and Recreation (RECOVER). Final Report: Project No. SRS RD 12-P-55329 (Tacoma, Wash.: Comprehensive Mental Health Center), 81.

Warren, M.; T. Neto, B. Palmer, and K. Turner
1966 Community Treatment Project - Fifth Program Report: An Evaluation of the Community Treatment for Delinquents. Sacramento, California, California Youth Authority.

Wasserman, S. and P. Gitlin
1965 "A Child Care Training Experience Revisited." Child Welfare, 44(1), 35-40.

Weber, G.H.
1957 "The Use of the Conference Method in the In-Service Training of Cottage Parents," International Journal of Social Psychiatry, 3:49 (Summer).
1962 Problems in Changing Programs in Institutions for Delinquent Children. (Washington, D.C.: Children's Bureau, DHEW).

Weber, G.H. and B. Haberlein
1972 Residential Treatment of Emotionally Disturbed Children. (New York: Behavioral Publications).

Weeks, A.
1968 Youthful Offenders at Highfields: An Evaluation of the Short-Term Treatment of Delinquent Boys. (Ann Arbor, Mich: University of Michigan Press.)

Weick, K.
1968 "Systematic Observational Methods," in Londzey, G. and Aronson, E. (Eds.) The Handbook of Social Psychology, (Reading, Mass: Addison-Wesley, Publishing Co.), p. 357.

Weiss, C.
1972 Evaluation Research, (Englewood Cliffs N.J.: Prentice Hall)

Weiss, R.S. and M. Rein
1970 "The Evaluation of Broad-Aim Programs: Experimental Design, Its Difficulties and an Alternative." Administrative Science Quarterly, 15(1), 90-109.

White House Conference on Children
1970 Profiles of Children. (Washington, D.C.: Government Printing Office).

Whittaker, J.K.

1970 "Training Child Care Staff: Pitfalls and Promises." *Mental Hygiene*, 54(4), 516-519.

1971 "Colonial Child Care Institutions: Our Heritage of Care." *Child Welfare*, 50(7).

1971 "Mental Hygiene Influences in Children's Institutions: Organization and Technology for Treatment" *Mental Hygiene*, 55(4), (October).

1972 "Group Care for Children: Guidelines for Planning." *Social Work*, 19(1), 51-61.

Whittaker, J.K. and A.E. Trieshman (eds)

1972 *Children Away from Home: A Source Book of Residential Treatment*. (Chicago: Aldine-Atherton, Inc.).

Williams, Carol J.

1972 "Helping Parents to Help Their Children in Placement," *Child Welfare*, 51(5) (May), 297-303.

Williams, W.

1971 *Social Policy Research and Analysis*. (New York New York: American Publishing Co.).

Wolins, M.

1963 *Selecting Foster Parents: The Ideal and The Reality*. (New York and London: Columbia University Press)

1969 "Group Care: Friend or Foe?" *Social Work*, 14, 35-53.

1973 "The Benevolent Asylum: Some Theoretical Observations on Institutional Care." in *Child Caring: Social Policy and the Institution*, D.M. Pappenfort, Dee Morgan Kilpatrick and R.W. Roberts (eds) (Chicago: Aldine), 68-106.

1974 *Successful Group Care: Explorations in the Powerful Environment*. (Chicago: Aldine).

Woods, T.L.

1971 "A Professional's Nonprofessional Experience: Suggestions for Supervisors." *Mental Hygiene*, 55(3), 298-302.

Wright, F.
1960 "Observational Child Study," in Mussen, P. (Ed.) Handbook of Research Methods in Child Development, (New York: Wiley,) p. 71-139.

Yarrow, L.J.
1961 "Maternal Deprivation: Toward an Empirical and Conceptual Re-Evaluation." Psychological Bulletin, 58, 459-490.

Zigler, E.F.
1973 "Project Head Start: Success or Failure." Children Today, 2(6).